

Collaborating for Excellence

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How to use this document:

- There are two ways to select files/print individual pages for this document - either manually with the INDEX page numbers reference or with the PAGE THUMBNAIIS within the *Adobe Acrobat* program.
- Manually each section is listed by number and spanning page numbers on the Index page (i.e. Page 1 of the PDF) as well as on the bottom right corner of each page of this PDF document.
- **To GO DIRECTLY** to the report or marketing piece that you would like to view, **CLICK** on the line on the Index page labeled with name of the document you are looking for. It will bring you to the first page of that section of the PDF, then view the pages as needed, or **CLICK** on the titled thumbnail page from *Adobe Acrobat*.
- **To PRINT the pages** that you would like to share, use the PAGE NUMBERS indicated on the index that coordinate with the document you are referencing. You may **PRINT to a printer** or **PRINT as PDF** to create a new digital document to share via email or server. For EXAMPLE using the reference below, go to **PRINT and BE SURE to type in pages 27-30 in your PRINT QUE** for the “2012–2013 Annual Report” as well as determine whether your document will be printed on paper or into a new PDF separated from the rest of this document:

7. 2012–2013 Annual Report

27–30

- You may also print a section by selecting the **THUMBNAI PAGEIS** and **PRINT SELECTION**.
- Please be mindful of the style guide sheet at the end of the document for proper usage of the CFBHN logo and fonts.




Collaborating for Excellence

Quality Improvement



Collaborating for Excellence



Quality Improvement encompasses a variety of options to deploy the latest in process improvement techniques, maximize utilization, ensure appropriate accreditation and reduce risk. Every CFBHN contracted Partner is committed to quality improvement participation. Using our nationally trained NIATx™ Change Leaders, CFBHN can guide businesses through a proven model of rapid cycle change predicated on existing resources. Utilization Review, powered by the latest Milliman® software, ensures the right care at the right place at the right time at the right intensity to produce desired results. CFBHN also assists Partners in securing and maintaining appropriate accreditations — providing consumers peace of mind when accessing services. Finally, our Certified Risk Managers help Partners identify and reduce risks and liability through onsite facility inspections and clinical operations reviews, development of disaster preparedness protocols, and creation of incident reporting and tracking systems.



www.cfbhn.org

Network Development & Clinical Services



Collaborating for Excellence

Network Development and Clinical Services is at the heart of everything we do. Superior service delivery produces superior outcomes for everyone in the continuum of care. Network development is never complete – it is an ongoing and evolving process. Product offerings and their delivery are under constant review. Analysis shows what is successful and what needs adjustment, then close collaboration with Partners determines clinical decision-making. Recent initiatives include reduction in use of “deep-end” more expensive crisis services in favor of less costly front-end prevention services – all while producing better outcomes. Constantly on the forefront of innovative and evidenced based best practices, Network Development and Clinical Services locates and secures internationally renowned trainers and educators then brings them to the area to provide customized and focused CEU seminars and professional development training. Finally, a key element of Network Development success is growth and expansion of unique coalition, consortium and community provider organizations supported by CFBHN’s “feet on the street” management team.



www.cfbhn.org

Information Management



Collaborating for Excellence

Today's fast paced business environments demand cutting edge computerized business intelligence solutions. Being able to access data, link to outcomes and properly validate costs is key to making quality decisions that affect lives for the better and ensure cost accountability. CFBHN's powerful and secure system platform on Microsoft® SharePoint® can be tailored to meet your need for specialized data sets in "real-time". Confidential information is never compromised during transmission. Web portals offer the latest in shared technology for generating easy-to-read reports when and how you need them and dynamic data "CUBING" offers powerful drill-down capabilities for sophisticated data mining. We are experts in deploying the latest mobile technology. Recently in-field system navigators began using Apple® iPad® for real-time data access and input. Other key initiatives include launching Telemedicine for improved service access and migration to a secure Electronic Health Record system. Our IT team offers vast experience in benchmark analysis, predictive modeling and customized vouchering systems to track expenditures. Help-desk support is there for you 24-7. Our Partners never feel alone with continuous up-to-the-minute training in the latest product enhancements for their chosen technological solution.



www.cfbhn.org

Financial Management



Collaborating for Excellence

CFBHN has the expertise to negotiate and manage federal, state, county and commercial contracts ensuring that each contract undergoes a rigorous process for compliance, accountability and sanctioning when appropriate. With a 5-year track record of clean audits, Accounting offers full-service fiscal management overseeing accounts receivable and payable in a state of the art computerized system. Our Partners received monthly statements of cash flow projections and detailed analysis to assist them in budgeting and forecasting. Other services available include analysis of potential acquisitions and allocation of capital and assistance with implementation of internal controls and processes. CFBHN's newest division, Group Purchasing, selects the most essential business services then seeks qualified collaboratives to offer our Partners attractive group discount rates. Savings can drastically reduce bottom line expenses freeing capital for more productive purposes. Human Resources is another full-service department experienced in sourcing benefits plans for health, dental, vision, 401K and EAP programs as well as payroll services. Other areas of expertise include development of salary surveys, employee handbooks, written policy and procedures and employee screening protocols. Finally, HR can assist with any type of Board Development and securing MOU's from community partners and stakeholders.



www.cfbhn.org

Consumer & Family Affairs



Collaborating for Excellence

Almost every publically funded service entity from Child Welfare, Justice Services and Medicaid Managed Care requires the inclusion of consumers and families in the planning, development, execution and monitoring of services. CFBHN has developed a robust department dedicated to engaging consumers and family members in community level advocacy. Consumer & Family Affairs provides active leadership development to a variety of grass-roots community advocacy organizations, conducts continuing education (CEU) training opportunities and guides development of targeted social marketing campaigns. Recently, a successful pilot program launch gauged consumer satisfaction via a computerized research tool. Projects like this drive process improvements throughout all system platforms.

Business Development & Marketing



Collaborating for Excellence

Effective positioning in today's marketplace is crucial for long-term success. Using Marketing's 4-P's we will identify the key elements to position your products or services appropriately then move from thought to action. Business Development & Marketing will analyze current or new market potential gauged against your organization's strengths then design a solution for maximum market penetration. We will work closely with you to develop comprehensive communication strategies that align with your goals and support your objectives. If you are in need of a minor facelift or a complete redesign, we can update your brand image and flow that concept throughout your collateral support materials. We can update your web site or leverage the latest in social media platforms for both internal and external communications. Public relations, event planning and fund raising assistance is also available. Finally, we seek to facilitate and support collaboratives in the community through our Alliance Partnership with Help Fuel A Cause.



www.cfbhn.org



Help Fuel A Cause Alliance is an innovative promotional organization connecting businesses with non-profit organizations to help impact the world in a positive way.

helpfuelacause.org



719 South US Highway 301 • Tampa, FL 33619

BRIDGING GAPS WITH MANAGEMENT SOLUTIONS

CFBHN works collaboratively with every Partner to deliver solutions designed to meet today's challenges. Uniquely tailored to fit your needs, our customized management solutions deliver quality and value.

Our administrative office is conveniently located in Tampa, Florida. We offer a full range of services in six departments: *Business Development & Marketing, Consumer & Family Affairs, Financial Management, Information Management, Network Development & Clinical Services, and Quality Improvement.*

Call today and put our team of professionals to work for you.



Collaborating for Excellence

- Business Development & Marketing • Consumer & Family Affairs
- Financial Management • Information Management
- Network Development & Clinical Services • Quality Improvement



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Central Florida
Behavioral Health
Network, Inc.

Business Development & Marketing

Effective positioning in today's marketplace is crucial for long-term success. Using Marketing's 4-P's we will identify the key elements to position your products or services appropriately then move from thought to action. Business Development & Marketing will; analyze current or new market potential gauged against your organization's strengths, design a solution for maximum market penetration, develop comprehensive communication strategies to support your goals and objectives, design or update your brand image, help you leverage social media, provide event assistance, and negotiate and support collaborative partnerships.

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Financial Management

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Information Management

Today's fast paced business environments demand cutting edge computerized business intelligence solutions. Being able to access data, link to outcomes and properly validate costs is key to making quality decisions that affect lives for the better and ensure cost accountability. CFBHN's powerful and secure system platform on Microsoft® SharePoint® can be tailored to meet your need for specialized data sets in "real-time". Confidential information is never compromised during transmission. Web portals offer the latest in shared technology for generating easy-to-read reports when and how you need them and dynamic data "CUBING" offers powerful drill-down capabilities for sophisticated data mining. We are experts in deploying the latest technologies like Apple® iPad®, telemedicine and secure Electronic Health Record (EHR) systems.

Network Development & Clinical Services

Network Development and Clinical Services is at the heart of everything we do. Superior service delivery produces superior outcomes for everyone in the continuum of care. Network development is never complete – it is an ongoing and evolving process. Product offerings and their delivery are under constant review. Analysis shows what is successful and what needs adjustment; then close collaboration with Partners determines clinical decision-making. Recent initiatives include reduction in use of "deep-end" more expensive crisis services in favor of less costly front-end prevention services – all while producing better outcomes.

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BRIDGING GAPS WITH MANAGEMENT SOLUTIONS

CFBHN works collaboratively with every Partner to deliver solutions designed to meet today's challenges. Uniquely tailored to fit your needs, our customized management solutions deliver quality and value.

Our administrative office is conveniently located in Tampa, Florida. We offer a full range of services in six departments: *Business Development & Marketing, Consumer & Family Affairs, Financial Management, Information Management, Network Development & Clinical Services, and Quality Improvement.*

Call today and put our team of professionals to work for you.



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Collaborating for Excellence





Information Management

Today's fast paced business environments demand cutting edge computerized intelligence solutions. We offer a secure system platform using Microsoft® SharePoint® that can be tailored to meet your data mining needs. Deploying the latest technology is our specialty like using Apple® iPad® for in field use, telemedicine for increased accessibility to care and storage of Electronic Health Record (EHR) information in a secure system.

Network Development & Clinical Services

Network Development and Clinical Services is at the heart of everything we do. Superior service delivery produces superior outcomes for everyone in the care continuum. We support best practice and evidenced based clinical pathways with customized training programs as well as community involvement with our "feet on the street" management team.

Quality Improvement

Quality improvement encompasses a variety of options to deploy the latest in process improvement techniques, maximize utilization, ensure appropriate accreditation and reduce risk. NIATx™ change process improves delivery of services within existing resources and use of Milliman® software ensures the right care at the right place at the right time at the right intensity for desired results.



Business Development & Marketing

Effectively positioning yourself in today's market is crucial for long-term success. We use Marketing's 4-P's to identify key elements that will most effectively position your products or services appropriately then move from thought to action. Your solution can be as broad or targeted as you desire from complete rebranding to managing a special project or assistance with social media.

Consumer & Family Affairs

Our robust department is dedicated to engaging consumers and family members in the planning, development, execution and monitoring of products and services. Consumer feedback is crucial in developing the best mix that is both cost efficient and effective.

Financial Management

From complete contract management to state of the art computerized "back office" accounting functions we offer solutions for all your needs. Group purchasing and human resource services complete the package.



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2010 – 2011 Annual Report

Collaborating for Excellence

“Individuals are offered hope, choice and the opportunity to thrive within a community that supports their quality of life.”

Looking back on the previous year, I am moved by the work that has been completed as Central Florida Behavioral Health Network assumed responsibility of the SunCoast Region as Florida’s first Managing Entity for substance abuse and mental health services. Managing Entities are designed to be cost-conscious integrators of high quality behavioral and whole health systems and we have developed and used technology and innovation during the course of the past year to enhance individual lives and create solutions for the communities we serve. Our culture inspires innovation, excellence and compassionate care and fosters collaboration – between individuals, teams, programs, partners, governments and others – to ensure new knowledge and care solutions can be applied as widely and effectively as possible. More and more, these solutions rely upon integration of diverse services, expertise, programs and processes to ensure consumers get the right care, in the right place at the right time. In this community report, we highlight only a small portion of the contributions and successes over the past year. Importantly, we worked closer than ever with our key partners, the Department of Children & Families and the Juvenile Welfare Board, to deliver high-quality services, improve care quality and outcomes, reduce costs, and find efficiencies through innovation and administrative cost reductions. Looking towards the future we will continue working to improve access to care, provide the most effective and cost efficient integrated treatment solutions available and support use of Evidenced Based Practices. Thank you to the Department of Children & Families, the Juvenile Welfare Board and our network of provider organizations for helping individuals and families in their quest for wellness and recovery.

Linda McKinnon
CEO

Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.





Community Focus... Individual Results

Seamless Transition

On July 1, 2010, Central Florida Behavioral Health Network assumed responsibility of the Department of Children & Families substance abuse and mental health funded services for the SunCoast Region. Transition to the Managing Entity occurred without disruption to the established safety net provider network and ensured continuity of care for individuals that rely on publically funded services. Contracting with fifty-two providers in eleven counties from Pasco to Lee, CFBHN served over 105,000 individuals in the previous year with a full array of services. Services included acute care, residential treatment, housing, medical, outpatient and recovery support. Substance abuse prevention services are provided to over 40,000 at risk children.

CFBHN Culture

What CFBHN has developed in a short period of time is truly phenomenal. It is true that an organization that serves people needs to recruit, develop and retain employees who are exceptional. CFBHN employees are just that. They challenge themselves and each other daily to be truly innovative in seeking breakthrough solutions. Their creativity is tapped in a variety of ways and their marked agility enables them to adjust rapidly and quickly produce results. They are insatiably curious and embrace possibilities. CFBHN has become a learning environment incubator where benchmarking is de rigueur and knowledge is continually shared – both individuals and the organization benefit from this curiosity. Above all, CFBHN employees hold themselves and our partners accountable for being the best stewards of public funds and maximizing production results.

Guiding Principles

As CFBHN moves forward to accomplish its mission there is a genuine commitment to understand the uniqueness of every community we serve. In doing so we foster collaboratives that focus on common goals and provides respect for each partner's valued leadership in their community.

These partnerships will become the bedrock to implement standards of care that are based on Evidenced Based Practice and will take integration with healthcare systems to the next level. We know that whole health and wellness is essential for individuals and systems. Being on the forefront of anticipating future needs with health care reform is a challenge we also embrace. Finally, we are committed to using the power of technology to drive decision making and help us become the most advanced, efficient and effective system of care.

Juvenile Welfare Board (JWB)

In 2008 CFBHN contracted with the Pinellas Juvenile Welfare Board (JWB) to develop and manage a Family System of Care for Pinellas County. This innovative contract provides families access to supportive services through a service pool of dollars. The program was initially a therapeutic model but is now moving towards becoming more of a "prevention anchored in the community" model. The Information & Referral Hotline – 211 is currently the front door for Pinellas County families to call in and be screened for services. Some families are then scheduled for assessments and receive case management/navigation by PEMHS staff. These staff provide linkage and referral to coordinated services that will best meet the family's needs. CFBHN provides utilization review of all services.

Innovation... The Next Phase

This past year CFBHN invested over \$100,000 in targeted training for Evidenced Based Practices including development of Peer Services for individuals and families, Co-occurring Disorders Treatment, and Trauma Informed and Recovery Oriented Care. Our goal to improve access to care will occur through improved communications, streamlined and standardized admissions criteria and improved discharge planning. With our ability to do sophisticated data mining, we have found that 80% of all individuals served successfully in the system of care cost less than \$5,000. However, the remaining 20% struggle to cope with the most severe mental and physical illnesses and are not as successful in achieving



recovery. It is imperative we address these high cost utilizers and find more integrated and comprehensive ways to meet their needs at a more sustainable cost to the system.

One of the biggest “stressors” of the current system – forensic involved individuals – needs to be addressed as well. We are seeing increasing numbers of priority admissions from prisons; 270 in the first quarter of 2011 compared to 208 in the same period the prior year.

However, there is good news for families on a variety of fronts. This area was just awarded a System of Care grant to begin the process of identifying key elements required for a truly groundbreaking initiative in total family care. CFBHN staff were instrumental in supporting this collaborative initiative and will remain engaged in the process as this grant award is implemented.

Fiscal accountability is key to all public service, especially in these times. Administrative cost reduction is always front and center. This past year CFBHN used administrative cost savings in excess of \$550,000 to invest into the system of care. Not only are we scrutinizing everything we do for cost savings we are also exploring volume purchasing opportunities that will benefit our contracted provider organizations.

Finally Governance is an important element in providing prudent oversight, guidance and community ownership. Our governance structure is built around consumers, engaged community partners as well as stakeholders who serve in a wide variety of key leadership positions in their communities.

Community Consortiums bring another important voice to the conversation and Community Coalitions pinpoint local needs to reduce substance use and abuse.



Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

Dr. Robert Nixon, President

Strategic Planning and Solutions
Professor Emeritus USF Tampa

Craig Latimer, President Elect/Treasurer

Retired Major Hillsborough County Sheriff's Office
Chief of Staff Hillsborough County Supervisor of Elections

Nancy Hamilton, Past President

CEO Operation PAR

Judy Turnbaugh, Secretary

National Alliance for Mental Illness (NAMI) Pinellas County

Community & Stakeholder Directors

Circuit 6 Pinellas & Pasco Counties

Paula O'Neil, Clerk of Courts Pasco County
Gary MacMath, CEO Boley Centers, Regional Council Chair Circuit 6

Circuit 10 Polk, Highlands & Hardee Counties

Gaye Williams, CEO Central Florida Health Care (FQHC)
Susan Benton, Sheriff Highlands County
Robert Rihn, CEO Tri-County Human Services,
Regional Council Chair Circuit 10
Kathy Hayes, Division Director Winter Haven Hospital,
Behavioral Health Division, Private Receiving Facility Circuit 10

Circuit 12 Desoto, Manatee & Sarasota Counties

Ed McBride, Senior Vice President Sarasota YMCA
Mary Ruiz, CEO Manatee Glens, Regional Council Chair Circuit 12

Circuit 13 Hillsborough County

Richard Brown, CEO Agency for Community Treatment Services
April Dean, Local Outreach Director Grace Family Church
Walter Niles, Director Health Equity Office,
Hillsborough County Health Department
Brian Rushing, Youth Community Director
Dr. Alvin Wolfe, Distinguished Professor Emeritus
USF Department of Anthropology
Mary Lynn Ulrey, CEO Drug Abuse Comprehensive Coordinating Office,
Regional Council Chair Circuit 13

Circuit 20 Charlotte, Collier, Glades, Hendry, & Lee Counties

Ann Amall, Director Lee County Human Services
Jon Embury, Court Operations Manager Charlotte County Clerk of Courts
Kevin Lewis, Executive Director Southwest Florida Addictions Services,
Regional Council Chair Circuit 20



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Healing through Art...The Project Return Story

Sandra B. and Loren G. claim their usual work space each morning. They met a few months ago when Loren became a member at the Project Return Center for people experiencing mental illness. Sandra has been attending art classes for many years so she knows her way around the art supply room. Depending on her mood, she may pull out an unfinished painting or settle down with a basket of colorfully patterned material scraps for a needle work appliqué project. Their styles couldn't be more different: Loren cautiously outlines the figure of a cowboy breaking in a horse, careful to follow the exact contour of the figure, while Sandra loads her brush up with paint and applies with a flourish.

"I never knew I had this talent, until I came to Project Return," Loren says. He has found his passion. Whimsical figure drawings attest to his natural ability for delicate and precise detail, however, he hesitates when it comes to color. "That is something I am working on – getting over my fear of making an irreversible mistake." Sandra is teaching him to treat each attempt as part of a learning process. "Mistakes are part of the process" she says, "Don't let fear of failure stop you from trying to create something beautiful or interesting."



"House in the Village" by Luzaldo C.

Visitors at the Central Florida Behavioral Health Network's Tampa offices can see an exhibit of paintings by Project Return artists that is impressive in variety and skill level. Traditional landscapes, expressive abstract compositions and skilled figurative studies line their hallways and serve as reminders of the positive impact art can have in the daily lives of those who make it and those who simply enjoy it.

Many artists work at Project Return and on any given day you might see fifteen to twenty. Instruction is tailored to individual styles, skill levels and expectations and artists learn not only how to express themselves, but how to care for and maintain materials. Responsibility and ownership develops naturally and abilities are given a chance to develop in a completely relaxed and non-threatening atmosphere.

Art instructor, Michelle Barron, encourages members to treat the program as a resource, not as a fixed study course. "The minute someone picks up a piece of charcoal and begins to experiment with line and



Tommy D. in front of his painting "The Stilling of the Storm."

shape on a piece of newsprint, they are beginning to engage with something outside themselves in an active, creative and positive way," she says. In the process, friendships develop and often a sense of identity is fostered. Artists do not refer to their art as "therapy" – it is a way of life. Artists busily gather materials, set up their work spaces, peruse the art library for inspiring reproductions and then get to work. Michelle works her way from table to table, advising Loren on color choices, helping a young woman thread a beading needle, or checking on a table busily making holiday decorations.

Artwork is displayed in the Lobby Gallery as well as other public spaces and can be purchased at various locations throughout Tampa Bay. Proceeds benefit individual artists and the program and every May, in celebration of Mental Health Month, they host an annual open house.



John B. in lobby with his painting.



Loren G. and Sandra B. with Loren's painting.

Several artists have also been featured in one person shows. John B. participated in the Princeton University Medical Center annual juried art show for people with disabilities and has received numerous awards. Tommy D. is represented through a north Georgia art gallery and is currently featured in "Outsider Art Inside the Beltway," a juried show coordinated through Art Enables in the Washington D.C. area. Several times artists have been commissioned to create special pieces. In 2008 they created Community Service Awards presented at the annual Disability Awareness Expo at the Museum of Science and Industry. In 2009, Norman M. created the City of Tampa's Disabled Employee Award of the Year. His wooden sculpture incorporated a variety of textures created through wood burning and mixed media. He designed the piece specifically for the award recipient who is visually impaired.

"I look forward to painting each day when I get up," Sandra says. "And now Loren and I look forward to it together." Meaningful activity in a relaxed setting helps build a sense of identity, purpose and belonging. These artists celebrate and support each other and in doing so, they celebrate life. □



Bridging Gaps with Management Solutions

Business Development & Marketing

Rebranding of CFBHN across all communication vehicles to support education and outreach.

Engaged community stakeholders and partners in federal and state grant applications.

Developed group discount programs to reduce sub-contractor costs.

Developed Administrative Cost Ratio Methodology to track administrative cost efficiencies for the network.

Financial Management

Transitioned to fully automated accounting system. Benefits include administrative efficiencies, error reduction and ability to tie to individual.

Trained all provider sub-contractors on electronic invoice submission.

Brought into alignment all reporting requirements.

Network Development & Clinical Services

Implementation of uniform SIPP admission and discharge processes reduced overall admissions.

Prevention Coalitions were established in ten SunCoast Region communities.

The SARG Process is fully funded and brings a targeted focus on how to meet unique community needs for substance abuse reduction.

CFBHN is well positioned to maximize BNet funds. Total families served have increased 5% over previous year.

FACT focused on graduation concept and new admissions. Over 100 new admissions and 112 discharges have occurred this past year.

Consumer & Family Affairs

Provided certification preparation training for almost 40 family and adult peer specialists with the goal to improve access and service delivery outcomes.

Used ROSI (Recovery Oriented Systems Indicator) survey tool with almost 200 consumers to pinpoint needs. Results will be used to guide system development and improve service delivery.

Established NAMI support groups and hosted region wide community education courses.

Information Management

Grew infrastructure to meet increased demands. Multiple upgrades allows for increased security and functionality including mobile device management.

SharePoint web access now serves over 300 internal and external users providing a multitude of instance access reporting capabilities.

Quality Improvement

A number of reporting and data access instruments have been developed and launched to streamline communications.

Adoption of Milliman Continued Stay Guidelines will pinpoint appropriate clinical steps to develop alternatives to high cost, "deep end" services.

The NIATx protocol was adopted to lead rapid cycle improvement change processes throughout the system of care.



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Central Florida Behavioral Health Network, Inc.

2011 – 2012 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network incorporated in 1997 as a collaboration of substance abuse providers in Hillsborough County. Currently CFBHN contracts with over sixty nine organizations providing a full array of mental health and substance abuse services in the SunCoast region and Circuit 10. The geographic area served spans from Pasco in the north, throughout the Tampa Bay area, east through Polk, Highlands and Hardee and south down through Collier county. The range of services includes acute care, residential treatment, housing, medical, intervention and outpatient and recovery support services. Substance abuse prevention services are also provided for at-risk children and adults.

CFBHN provides a transformational influence that empowers local communities to develop, advocate for, and implement innovative solutions for the social, economic, and individual health and wellness problems that impact people's lives. We accomplish our mission by seeking, developing and nurturing partnerships with high performing providers of compassionate and quality health services. Together this partnership continually meets the changing needs of public sector leadership, private sector employers and employees, and individual community members who require specialty health care services. To support this network, CFBHN manages system development and provides education and training, advocacy, research and development and knowledge sharing of best-practices



Collaborating for Excellence

“Individuals are offered hope, choice and the opportunity to thrive within a community that supports their quality of life.”

We are certainly pleased with how Central Florida Behavioral Health Network continues to deliver on the promise to be a great Florida Managing Entity. Today we are recognized as the best example of how to manage publicly funded services for Florida citizens as we continue growth and development of the system of care for the Department of Children & Families Substance Abuse and Mental Health. We are also proud to remain a partner of the Pinellas County Juvenile Welfare Board as they serve unique family needs in their geographic region. This past year we continued to challenge our programs and processes as we strengthened our relationships. We listened to individuals and families that receive services and applied that valuable input. Notably communities now have access to new advocacy opportunities with established consortiums and coalitions. We launched our social media initiative and other electronic communication vehicles to enable us to stay connected and engage in conversations using media people prefer. We continue to champion use of evidenced based practices and support solid initiatives like Trauma Informed Care. Looking towards the future we engaged with Dr. Mary Gamble from the Sterling Group in a robust strategic planning process, first with our executive leadership and finally the entire CFBHN team. The future direction for CFBHN is succinctly pinpointed and we reinforce our commitment to be an innovative leader in our field.

Linda McKinnon
CEO



Dr. Robert Nixon, Professor Emeritus
President of the Board



Vision

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Craig Latimer, President Elect

Hillsborough County Supervisor of Elections
Retired Major Hillsborough County Sheriff's Office

Paula O'Neil, Treasurer

Pasco County Clerk and Recorder

Judy Turnbaugh, Secretary

National Alliance for Mental Illness (NAMI) Pinellas

Community Directors

Ann Arnall, Community/County Government

Director Lee County Human Services

David Beesley, Provider

CEO First Step of Sarasota

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Maureen Coble, Community/Community Based Care

Sarasota Family YMCA

April Dean, Community/Family Advocacy & Faith Based

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CEO Drug Abuse Comprehensive Coordinating Office (DACCO)

Dr. Alvin Wolfe, Community/Stakeholder

Distinguished Professor Emeritus USF Department of Anthropology

Gaye Williams, Community/Federally Qualified Health Center

CEO Central Florida Health Care (FQHC)



Community Focus... Individual Results

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities, and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually lead to new goals and opportunities.

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We understand every community is unique. That is why we emphasize strengthening the existing system of care by working in true collaboration. Our integrated approach philosophy views a community's delivery of wellness and healthcare services holistically and seeks to insure all parts of that delivery system are interconnected; balancing what is good for parts within the system as well as the community as a whole. High performing partnerships have historically been the driving core component of our success in delivering quality services. We routinely partner with those that share our commitment to constantly drive increasing levels of performance in order to attain community wellness goals that support integrated healthcare. We actively engage consumers and families to deepen our understanding of their expectations and to anticipate emerging needs. Finally we employ technology as a powerful tool for driving performance while above all delivering personalized care that is convenient, timely and effective.

Current Snapshot

July 1, 2011, began our second year of developing a responsive network for the communities we serve as the Managing Entity for Florida's Department of Children & Families, Substance Abuse and Mental Health. We continued our system of care development and ensured each community voice was heard through active community consortiums, coalitions and regional councils. We managed \$138,569,807 through contracting with sixty-nine organizations serving 111,770 persons with a full array of services

including acute care, residential treatment, housing, medical, outpatient and recovery support services. We efficiently and effectively managed all contracted funds with an expended rate of 99.99%. We also supported and managed substance abuse prevention services for 41,248 At-Risk adults and 20,412 At-Risk children. The end of the 2011-2012 fiscal year began the process of transitioning Circuit 10 (Polk, Highlands and Hardee counties) into our Managing Entity system.

Juvenile Welfare Board (JWB)

In 2008, Juvenile Welfare Board (JWB) of Pinellas County contracted with CFBHN to assist in the development and management of a Family System of Care for Pinellas County. This has now evolved into a collaborative system known as the Family Services Initiative. This innovative contract provides families access to the right supportive services, at the right time, through its pool of dollars. The program is now more of a "prevention anchored in the community...#157; model. The Information & Referral hotline – 211 is one of the front doors for Pinellas County parents/adults with children to call in and be screened for services and community resources." Some families, if necessary, are referred on to receive case management/navigation services by PEMHS staff. These staff provides linkage and referral to coordinated services that will best meet each family's needs. CFBHN provides utilization review of all support services.

Future Focus

Through our sophisticated data systems we have been able to pinpoint the individuals that struggle to cope with their illness and have not achieved success in their journey towards recovery. Several pilot programs developed and managed by our Consumer Affairs Director have shown significantly positive results that we hope will ultimately improve individual outcomes while achieving cost savings. We look forward to expanding these pilots throughout our system.

We are pleased that our system of care received a substantial federal grant that will be implemented in the next fiscal year. We look forward to the roll out of this grant, our partnership in the implementation and the benefits children and families will ultimately receive.

Administrative cost reduction efforts continue as a primary focus. During fiscal year 2011-2012 approximately \$1.3 million was invested in critical infrastructure development and community programs.

Bridging Gaps with Management Solutions

Business Development & Marketing

Continued our partnership with the University of South Florida/Florida Mental Health Institute in application for a broad range of federal grants

Supported:

- 2011 FADAA/FCCMH annual professional conference via displays and professional workshop presentations
- 2012 National Council Mental Health and Addictions Conference in Chicago via a Co-Occurring System Development poster presentation
- 2012 Annual Peer Conference with program development
- Local NAMI affiliates with technical assistance and awards
- Developed communication vehicles to support community consortiums
- Participated in strategic planning initiatives with the Tampa Bay Health Care Collaborative and Polk Health Care Alliance
- Launched CFBHN targeted social media campaign and weekly electronic news vehicle

Consumer & Family Affairs

Trained:

- 13 Peer Specialists
- 18 family members through the 13 week Family to Family education class
- 85 Success 4 Kids staff in Advocacy to meet COA accreditation

Successfully developed and launched:

- RESPITE Pilot Program that resulted in an overall 41% reduction in Crisis Stabilization Unit use along with a 10% reduction in total days spent in CSU
- High Utilization Project that reduced costs for 23% of participants who received appropriate care
- Instrumental in the strategic planning process for the Circuit 6 System of Care Collaborative Planning Grant

Financial Management

- Linked Contracts/Finance and automated tracking of funding by cost center in the new CAFÉ
- Issued three competitive procurements for Sarasota/DeSoto Counties
- Successfully processed Medicaid Match billing cycle with Hillsborough County
- Implemented 12 substance abuse prevention coalition contracts

Information Management

- Created an internet based DASHBoard to track performance measures and level of funding
- Implemented FTP portal in IhsIS
- Conducted seven data submission training sessions for subcontractors
- Enhanced the SAMH data cube and BI portal
- Provided seamless transition on Circuit 10 data submission

Network Development & Clinical Services

- Invested in Trauma Informed Care training for frontline staff to better understand client behaviors. Over 100 persons received training through three eight hour day long trainings conducted by Dr. Robert Macy, a leading expert in the field. CFBHN collaborated with The Crisis Center of Tampa Bay to include Psychological First Aid as a component of the training.
- Community partners and stakeholders benefited from a new consortium that came online to serve Manatee County and CFBHN engaged Circuit 10 (Polk, Highlands and Hardee Counties) through partnership with the long established Partners in Crisis local chapter. Additionally Pasco County formed a separate Regional Council.
- CFBHN championed a collaborative approach for Hillsborough dependent and delinquent youth-at-risk. Critical intercept points were identified along current service pathways that prevented further penetration of the youth into child serving agencies and diverted them to services that allowed them to remain successfully in the community.
- Monthly conference calls increased connectedness between mental health targeted case management and residential services. This resulted in greater numbers of children being diverted into a SIPP level of care and a more efficient use of TCM for discharge planning.
- CFBHN began transition of Circuit 10 FACT Teams into the SunCoast care system via training surrounding processes and the philosophical approach to admissions and graduation. State Hospital admission and discharge planning benefitted from monthly conference calls that focused on decreasing length of stay and increasing community success by planning for wrap around services. A weekly reporting system monitored Forensic State Treatment Facilities diversions and individuals on wait lists.

Quality Improvement

- Completed an on-site CARF survey resulting in an additional three year accreditation
- Organized and held NIATx training sessions for providers and community participants to promote use of this method that produces improvement through a rapid cycle change process
- CFBHN has a perfect track record with zero late reports submitted to funder
- Initiated a Suicide Prevention Information webinar series to share and receive information and resources
- Instituted an electronically transmitted file share review protocol which reduced travel expense and risk exposure while improving staff productivity
- Continued development of the SharePoint web access feature to improve critical incident reporting, secure e-transmission of client PHI and ensure robust critical incident data collection
- Developed CATS to capture and track corrective actions
- Conducted 14 drills and reduced risk exposure with policy guidelines for hand-free device driving





“COD - Rumors of My Death Have Been Greatly Exaggerated”

42nd National Council Mental Health and Addictions Conference
April 15-17, 2012 Chicago

Presenters:

Marcia Monroe, LCSW, MSW, MBA

Email: mmonroe@cfbhn.org

Doris Nardelli, MPA

Email: dnardelli@cfbhn.org

This abstract outlines the successful development of Co-Occurring capabilities of community mental health and substance abuse providers located in a large urban and rural geographic region of central Florida. The initiative was started with a small federal planning grant and was later expanded and supported with existing funding and “Sweat Equity” of a wide range of community partners, stakeholders and provider organizations. Success has been remarkable for all, particularly consumers served by the system. Now embedded in the system “DNA”, this project continues to drive adoption of Best Practices while successfully launching new initiatives that are particularly germane today. CFBHN is available to consult with you regarding Co-Occurring System Development which can also include whole health integration, trauma informed care and process improvement.



Collaborating for Excellence

Historical Perspective

Less than ten years ago, central Florida provider organizations recognized the growing prevalence of Co-Occurring disorders in populations they served. The term “Co-Occurring” is used to describe individuals who have a DSM-IV Axis I (Diagnostic and Statistical Manual of Mental Disorders) major mental disorder (e.g. psychotic, depressive or bipolar disorder) and a substance abuse disorder occurring simultaneously and independently of each other. A National

Current COD Definition

Co-occurring is used to describe individuals who have a DSM-IV Axis I major mental disorder (e.g. psychotic, depressive or bipolar disorder) and a substance abuse disorder.



But What is COD Really?

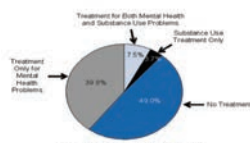


Comorbidity study revealed a high percentage of individuals - between 50% to 75% of total persons served (with higher numbers in special

settings like jails and juvenile justice and in the public sector) - were Co-Occurring. Reported treatment rates were dismal with over 50% receiving little to no treatment at all and less than 8% receiving any form of coordinated treatment. However, the substance abuse and mental health providers in Florida, just like most of the rest of the nation, had developed their treatment systems separately – screening, assessment, treatment, data management and most importantly funding streams never intersected. This was proving to be a substantial barrier to successfully treating the growing number of Co-Occurring consumers presenting at their door. Most often individuals would simply “bounce” between providers, courts, jails, hospitals and homeless shelters without ever achieving any sort of recovery. Poor outcomes were the norm in these “siloed” systems of care. Unless capability to identify and capacity to properly treat both disorders simultaneously were developed, they knew failure would continue.

Funders were also pressing for improved systems as the cost burden rate was continuing to skyrocket out of control for this poorly delivered, uncoordinated care model. So in 2003, along with a partnership with the University of South Florida/Florida Mental Health Institute, the region was able to secure a small federal planning grant. This grant was leveraged to build consensus, plan for change and implement an exemplary practice model. In total the grant engaged and impacted ten counties, thirty provider organizations and a wide array of Community Partners and Stakeholders including law enforcement, county government, child welfare, juvenile justice, education, Medicaid, primary health, housing, veterans and vocational services.

Treatment Rates



Basic Facts



Plan and Process

The biggest investment was the substantial amount of “Sweet Equity” devoted by top management and line staff throughout the process. A significant first achievement was the production and execution of an “MOU – Memorandum of Understanding”. Every provider organization CEO and a large percentage of the community partner and stakeholder representatives executed this document. Monthly meetings and task force workgroups were established. Some areas in the region even carved out additional resources to speed system development in unique ways (more about this in the case study example later). A major commitment was made to fundamentally change the way business was done.

The first task was to review the status of research in the field. Guided by their University/Institute partner, the group chose to adopt the Dr. Ken Minkoff CCISC (Comprehensive, Continuous, and Integrated System of Care) model. It offered flexibility and emphasized the wide range of progress that could be achieved using existing resources. Crucial core principals of “No Wrong Door” and “Welcoming” were adopted almost instantly and embedded in Policy and Procedures. Some crucial concepts adopted included approaching consumer engagement in a “Hopeful, Empathetic, and Accepting” manner. The triumvirate of Best Practice Methodology included Good Tools, Training and Transformation. Dr. Ken Minkoff’s CCISC Toolkit products guided system change with a tool for system evaluation (the COFIT), program evaluation (the COMPASS) and staff development needs (the CODECAT). Locally a comprehensive 26-Point Checklist was developed for use across the spectrum of services and to facilitate staying on track towards goal completion. Training was identified as crucial and during the period over 1000 practitioners received instruction from leading experts in the field including Dr. Ken Minkoff, Rhonda McKillip and others. “Opinion Leaders” were developed in each organization using a specially developed “Train the Trainer” curriculum. TIP 42 manual sets from SAMHSA were widely disseminated along with Rhonda McKillip “The Basics” and Carlo DeClemente’s “Stages of Change”. System Transformation was achieved using existing resources and data systems began to successfully identify co-occurring individuals for the first time without expensive upgrades or modifications.

Basic Characteristics



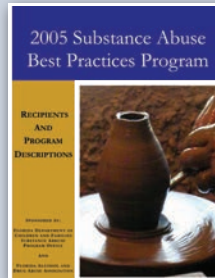
Two Examples

SunCoast Region

SunCoast is a very large geographical and diverse region spanning eleven counties served by over fifty-two provider organizations. All regional providers early on committed to the concept of becoming Co-Occurring capable. This is evidenced by the drafting and signing of an MOU by their respective CEOs'. Every organization evaluated their programs and staff using the Dr. Ken Minkoff toolkit as well as the 26-point checklist. They greatly increased their ability to identify Co-Occurring individuals through their data systems from a less than 5% identification rate in 2003 to over 85% presently. CFBHN's Quality Improvement division notes providers have included Co-Occurring principals and language in their Policy and Procedures and have developed human resource procedures and job descriptions for staff that include Co-Occurring capability. Many include Co-Occurring in their mission and vision statements, as part of their marketing and educational materials and in consumer satisfaction surveys. The use of Recovery Peer Specialists as part of the treatment team has greatly advanced the understanding of Co-Occurring issues as well. Co-Occurring is now a thread that weaves throughout all SunCoast organizations.

Circuit 10 Polk, Highlands and Hardee Counties

Largely a bedroom community located almost equidistance from the large metro areas of Tampa and Orlando, this three county service area included two very rural and in many ways underserved locations. However, leadership in this area embraced the clarion call and allocated funding to support the creation of a Coordinator position to spearhead development of organizational capabilities. In a bold move, they employed a person for this project whose expertise was in planning, business development of strategic alliances, marketing and advertising. They developed a structured strategic plan and called the initiative "Charting a Course for Change". Provider organizations enhanced their capacities for coordinated care and treatment. In less than one year they were recognized for their achievement by being named the 2005 Exemplary Program of the year by the state professional organization FADAA and the state mental health authority DCF at their annual conference. Along with changing the way they did business, providers also launched education and outreach campaigns including support of an award winning yearlong newspaper expose on substance abuse and mental health written by The Ledger reporter Robin Adams and sponsorship of a Recovery Month Event in 2007 for the community on a local University campus. Communications support for the event included newspaper inserts, bus signage, local cable TV features, radio interviews and PSA spot announcements. As the system continued to mature the advantages of developing Co-Occurring capabilities became readily apparent. When a change in top management at a local hospital called for a refocus of efforts for providing mental health services in adjacent Highlands County back to Polk only, a primarily Substance Abuse only provider was able to quickly step in and fill the gap without service interruption. All providers are currently heavily engaged in Trauma Informed Care initiatives, Whole Health Integration and Telemedicine deployment. These initiatives are built on the bedrock foundation of Co-Occurring System Development.





Resources

www.cfbhn.org

Includes links to PowerPoint training and outreach educational presentations featuring Parallel Process of Recovery model, Elements of CCISC, Four Quadrant Model including Whole Health Integration, Defining Capable and Enhanced Programming, Current Treatment Options, Program Infrastructure Basics, Policies and Procedures, Screening and Assessment, Treatment Planning, Human Resources Staff Development, and Data Management

http://cmhwbt.fmhi.usf.edu/co-occurring/intro_00_title.cfm

<http://kenminkoff.com/>

www.mckillipbasics.com

<http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA08-3992>

<http://store.samhsa.gov/pages/searchResult/co-occurring>

<http://store.samhsa.gov/resources/facet/Issues-Conditions-Disorders/term/Co-Occurring-Disorders>

<https://netforum.avectra.com/eWeb/StartPage.aspx?Site=USPRA>

<http://users.erols.com/ksciacca/>

<http://www.nattc.org/resPubs/cooccurring/defining.html>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2200799/>

Bios & Network Profile

Marcia Monroe is the Vice President of Network Development and Clinical Services for Florida's first and largest Managing Entity, Central Florida Behavioral Health Network. She has 30 plus years of professional experience in substance abuse and mental health services and is recognized as a leader in the Co-Occurring field. Her range of experience covers both high level administrative and direct care services in hospital inpatient and community mental health settings and as Utilization and Account Manager for two behavioral health companies servicing national and regional accounts. In her private practice she is called upon to evaluate felons for involuntary placement and provide expert testimony. A Licensed Clinical Social Worker, she received her Master's Degree in Social Work from the University of Houston and her Master's in Business Administration from NOVA University.

Doris Nardelli is the Manager of Business Development and Marketing for CFBHN. Doris has over eight years' experience in the field having won recognition for Co-Occurring System Development in central Florida and for her service as Chair of Florida's Mental Health Planning Council. Her professional career spans both the public and private sector having worked in Advertising and Product Development and as Manager of Communication and Training for Kohler's Faucet Division in Kohler, Wisconsin. She also managed a family owned franchise company startup in the Carolinas and was manager of educational services for a contractor with Florida's Department of Juvenile Justice. She earned her Master's in Public Administration from the University of South Florida and attended the University of Chicago's Executive Series in Strategic Planning.

CFBHN continues to build on the successful initiative of Co-Occurring System Development. Work today spotlights the value of incorporating trauma informed care services while simultaneously developing primary health care connections. Use of process improvement protocols such as NIATx has clearly demonstrated the viability of rapid cycle change predicated on existing resources. CFBHN currently manages a 16 county area with over 62 community substance abuse and mental health providers serving over 200,000 persons. CFBHN is Florida's first accredited Service Management Network through CARF (Commission on Accreditation of Rehabilitation Facilities) and has a successful track record of maximizing revenues while improving service access and quality throughout the system of care.

Call Marcia or Doris today at 813.740.4811 to discuss how CFBHN can develop a program to meet your needs.

Production and Design:

John Parrott, Director of Strategic Promotions, LogoGram, Inc.

Jules Davidson, Graphic Designer, LogoGram, Inc.



Central Florida Behavioral Health Network, Inc.

2012 – 2013 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network incorporated in 1997 as a collaboration of substance abuse providers in Hillsborough County. Currently CFBHN contracts with over seventy-six organizations providing a full array of mental health and substance abuse services in the SunCoast region and Circuit 10. The geographic area served spans from Pasco in the north, throughout the Tampa Bay area, east through Polk, Highlands and Hardee and south from Desoto to Lee counties. The range of services includes acute care, residential treatment, housing, medical, and outpatient and recovery support services. Substance abuse prevention services are also provided for at-risk children.

CFBHN provides a transformational influence that empowers local communities to develop, advocate for, and implement innovative solutions to the social, economic, and individual health and wellness problems that impact people's lives. We accomplish our mission by seeking, developing and nurturing partnerships with high performing providers of compassionate and quality health services. Together this partnership continually meets the changing needs of public sector leadership, private sector employers and employees, and individual community members who require specialty healthcare services. To support this network, CFBHN manages system development and provides education and training, advocacy, research and development and knowledge sharing of best-practices.



Collaborating for Excellence

“Individuals are offered hope, choice and the opportunity to thrive within a community that supports their quality of life”

I am certainly pleased to provide this annual report. I invite you to spend some time and get to know us and the services we provide our local communities. We have continued to fulfill our commitment to become a great Managing Entity as we bring home new innovations and cutting edge programs in the pursuit of better health. As a not for profit 501 (c) (3) community services network, we contract with over 76 providers in our fourteen county geographic service area to provide a full array of mental health and substance abuse services funded by the Department of Children and Families. We are also proud to continue our relationship with the Juvenile Welfare Board of Pinellas County in service to children and families. We know that if individuals and families are offered hope, choice and the opportunity to thrive within a community that supports their quality of life they will achieve success. Toward that end we work diligently to empower local communities to develop, advocate for and implement innovative solutions for individual health and wellness problems. We accomplish our mission by seeking, developing and nurturing partnerships with high performing providers of compassionate and quality health services and together these partnerships continually meet changing needs. To support this network, CFBHN manages system development and provides education and training, advocacy, research and development and knowledge sharing of best practices along with efficient and effective management of public funds. We look forward to the future for our communities and the people we serve.

Linda McKinnon
CEO



Dr. Robert Nixon, Professor Emeritus
President of the Board



Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Board of Directors

The governing board is inclusive of consumers, family members, community partners and stakeholders. All geographic areas are represented.

Officers

Dr. Robert Nixon, President

Strategic Planning and Solutions
Professor Emeritus USF Tampa

Craig Latimer, President Elect

Hillsborough County Supervisor of Elections
Retired Major Hillsborough County Sheriff's Office

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acute care, residential treatment, housing, medical, outpatient and recovery support services at 276 sites. We efficiently and effectively managed all contracted funds with an expended rate of 99.99% and increased the number of persons served over the previous year by 7%. We also supported and managed substance abuse prevention services for 250,097 at-risk adults and children. CFBHN's total administrative cost was 3.8% of which 3.2% was funded through service dollars. During the 2012-2013 fiscal year Circuit 10 (Polk, Highlands and Hardee counties) was fully transitioned into the CFBHN Managing Entity network.

Juvenile Welfare Board (JWB)

CFBHN continues its strong association with the Juvenile Welfare Board (JWB) of Pinellas County to bring services to families in need. The Family Services Initiative (FSI) is a collaborative community initiative that provides linkage and referrals to children and families living in Pinellas County while also providing support and wrap around services. The goal of this initiative is to keep families together with supports and wrap-around services that address basic needs while empowering them to become self-sufficient.

Future Focus

We firmly believe that use and analysis of data will drive improvements in the system of care. We carefully track those individuals who struggle with their illness and have not achieved success in their journey towards recovery. In turn we take this information and design programs we pilot. Once successful outcomes are achieved we expand these initiatives throughout our network to benefit others. Most of these programs have the added benefit of producing cost savings as well as improving outcomes.

We are constantly aware of our responsibility to be good stewards of state funding. To this end we work diligently to reduce administrative costs and whenever possible seek to provide reinvestment opportunities for the communities we serve.

Bridging Gaps with Management Solutions

Business Development & Marketing

- Expanded reach to new audiences with social media and electronic newsletter
- Supported professional education with workshop presentations at major conferences
- Produced new literature and support materials for CFBHN and community consortiums including Consumer Handbook
- Cataloged 101 innovations in the Positive Action Tracking (PATs) System
- Manager served on the State Substance Abuse & Mental Health Advisory Council, Polk NAMI Board of Directors and Polk State College Advisory Council

Consumer & Family Affairs

- Department provided training and technical assistance:
 - 27 Peer Recovery Specialists in both Family & Adult
 - 49 Peers and provider staff in Wellness Recovery Action Planning
 - Hosted Parents & Teachers as Allies workshop
 - Developed and hosted Motivational Interviewing training for Peers
 - Shared personal lived experience with mental illness with 80 Polk County and 209 Hillsborough County deputies during their Crisis Intervention Team training
 - Four local NAMI affiliates in leadership and advocacy
 - Expansion of Respite Care in Pinellas County
- Developed and launched free monthly NAMI education programs
- Provided phone and email assistance regarding community resources to 400 families/caregivers and individuals
- Initiated a Consumer Advocacy Council to further develop Peer Specialist Services
- Developed and facilitated adoption of the Certified Recovery Peer Specialist Service in the Sarasota system of care
- Director:
 - Participated on a workgroup that brought the Clubhouse Model to Pasco County
 - Served as CFBHN and NAMI representative at community events including VA "May is Mental Health Month Fair", Tampa "Health and Wellness Prevention Awareness Day" and Master of Ceremonies at "Breakfast of Champions" sponsored by Success 4 Kids.
 - Represented Peers on the Florida Council for Community Mental Health Care and served on the Florida Certification Board Advisory Council.

Financial Management

- Data vs Billing automation ensured 100% validation
- Contractor Status Report automation enabled CFBHN to monitor provider spend rates
- Roll out of SharePoint provided secure information transfer
- Several new tracking systems were brought online to improve efficiencies and CAFÉ was enhanced
- Secured a perfect audit

Information Management

- Continued DASHBoard enhancements to track performance measures and level of funding
- Implemented "Speed Pass" into IIS
- FIOS Internet upgrade completed for cost savings and better service
- Improved provider and network capabilities in the data warehouse by integrating clusters
- Launched the Sheriff's Data Sharing and the HN/HU projects
- Conducted NIATx project for website improvement

Network Development & Clinical Services

- CFBHN takes an active role in preventing children from entering the child welfare system and deeper end services through collaborative interagency calls identifying immediate needs of the child and family at risk. These interagency calls ensure an integrated and aggressive approach that has produced system efficiencies. The goal is identifying system gaps and breaking down barriers while moving towards integration using a collaborative approach with key community stakeholders.
- CFBHN State Hospital admission and discharge planning benefitted from monthly conference calls focusing on decreasing length of stay and increasing community success by planning for wrap around services. CFBHN continues their reporting system monitoring Forensic State Treatment Facilities diversions and individuals on wait lists.
- CFBHN implemented a Care Coordination program with the objectives of maximizing resources, monitoring access to services, assuring clinical appropriateness, improving quality and emphasizing efficiency within the system of care. The HighNeed/HighUtilizer program was designed to improve outcomes, reduce readmissions, and reduce cost of care. Individuals identified as HN/HU received integrated care coordination to determine what could be done to support the individual, in the least restrictive level of care, and reduce the likelihood of their returning to a higher level of care, without negatively impacting safety and quality of care.

Quality Improvement

- Automated collection and dissemination of TANF information to DCF and subcontractors
- Sponsored two community NIATx training sessions and implemented several internal quick change projects resulting in cost savings.
- All Risk Management functions were transferred to an e-format resulting in more efficient reporting to and from subcontractors and to DCF.
- Risk Management organized a "Suicide Prevention webinar" series to provide information and resources to subcontractors for six different events.
- Training was provided to all unaccredited subcontractors on CARF standards





Care Coordination

CFBHN's Care Coordination (CC) program ensures client services are based on medical necessity criterion as outlined in Florida Administrative Code. Additionally, CFBHN uses the Milliman Behavioral Health Care Guidelines, the industry "Gold" standard, to work with contractors on utilization and quality of care. Milliman Care Guidelines are developed from research and literature reviews and assist with decision-making regarding level of care, length of stay, overall course of treatment and high utilization.



Primary Focus

Every good behavioral health care system needs to provide care coordination as part of its offering to consumers with complex or persistent conditions.

- CFBHN Care Coordination further believes consumers with co-occurring medical or substance abuse/and or mental health issues should be served through the Comprehensive, Continuous, Integrated System of Care (CCISC) model that organizes services for individuals with co-occurring psychiatric and substance disorders (ICOPSD). This system construct improves treatment capacity for individuals in systems of any size and complexity and has been supported through the efforts of Doctors Ken Minkoff, MD and Chris Cline, MD, MBA. The model has been expanded to include co-morbid physical symptoms as well the more traditional substance abuse/and or mental health symptoms.
- Care Coordination reduces the possibility a person will receive redundant or conflicting treatment and ensures an open line of communication for all providers engaged in an individual's care plan – appearing “seamless” to the consumer. Consumers can focus on their recovery plan rather than on processing systems issues.

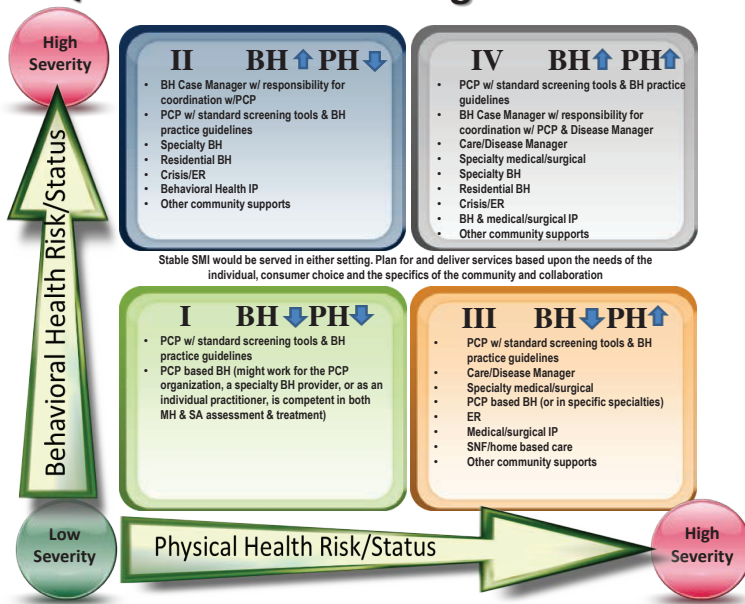
- CFBHN is a strong supporter of individual choice and with Care Coordination, consumer participation and partnership is included in the process so the individual is the focus – not their illness.
- Care Coordination ensures individuals and their families receive the right services, at the right time, for the right duration and frequency required.

Substance Abuse Priority Populations

Federal block grant regulations define the priority populations for substance abuse services as women who are pregnant and/or intravenous (IV) drug users. Those women requesting services that fit the requirements of a priority population are to be given preference for admission. The specific hierarchy is:

1. Parents/caregivers and children who are involved with the child welfare system and have substance use
2. Pregnant women with intravenous (IV) drug use
3. Pregnant women
4. Intravenous (IV) drug users

Four Quadrant Clinical Integration Model



High Need/High Utilization Program

The High Need/High Utilization Program (HN/HU) was designed to improve outcomes, reduce readmissions and reduce cost of care. Individuals identified as HN/HU receive integrated care coordination from CFBHN staff to match the intensity of service to the severity of symptoms. In addition to services they are already receiving, additional care coordination involves collaboration with service providers regarding the individual's situation and review of their assessed needs, treatment plan, discharge and aftercare plans as well as other applicable information. The goal is to determine what can be done to support the individual in the least restrictive level of care that also reduces the likelihood of their returning to a higher level of care – all without negatively impacting safety and care quality. Another goal is to increase the days between an individual's last discharge and readmission back into the same level of care.

Ensuring Access for Special Populations

When a service request is received from an individual identified as being in a priority population and the CFBHN contracted provider is unable to accommodate the request within established time frames, that provider, in collaboration with CFBHN will reach out for assistance in locating available services elsewhere for the individual. If services cannot be located or the individual declines to accept services elsewhere, the provider is expected to provide interim services, as defined by federal regulations, until the appropriate level of care is available.

Transforming Behavioral Health Services through the Creation and Implementation of an Effective Care Coordination Model

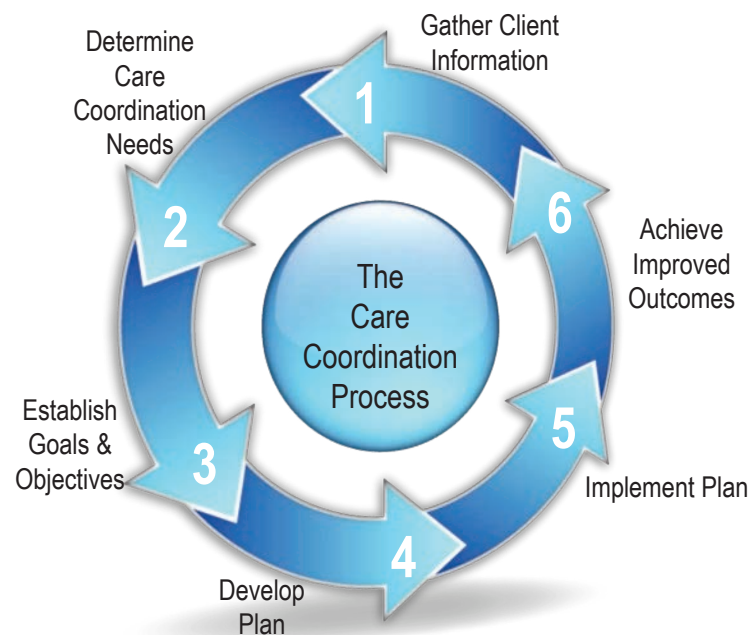
CFBHN believes that effective Care Coordination must be flexible and respond to the needs of the communities and individuals served while also incorporating best clinical research. This must be accomplished while also meeting ever evolving federal and state requirements. Changes to CFBHN's processes are driven through the collection and analysis of data and input of CFBHN providers and other stakeholders. Data comes from a variety of

sources and include treatment outcomes, cost of care, quality improvement monitoring reviews, satisfaction survey information, risk management/incident reporting and information from individuals served and other stakeholders. Change driven by data transforms the system from being reactive to proactive. CFBHN constantly analyzes data trends, identifies improvement opportunities to initiate quality improvement activities that are constantly monitored using data to ensure that changes bring about desired results.

“Community Focus.... Individual Results”

Early Successes

- Reduction in average length of stay in Detox Services translated into approximately a 10% reduction in cost per individual served
- Over 30% reduction in average length of stay for Adult Mental Health Residential Level 1
- 45% increase in number served in Adult Mental Health Residential Level 1 resulting in \$550,000 redirected into less costly services for the system of care
- Reduction of over 3.5% in cost per individual served for Adult Crisis Stabilization
- Reduction of over 13% in cost per individual served for Children's Crisis Stabilization



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Vision

Central Florida Behavioral Health Network envisions communities where wellness and integrated healthcare enhance the life of every community member.

Mission

Central Florida Behavioral Health Network designs and manages value-driven integrated systems of specialty healthcare services.

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually leads to new goals and opportunities.

Accountability: We commit to the maximization of all resources with which we are entrusted.



Business Development & Marketing • Consumer & Family Affairs • Financial Management • Information Management • Network Development & Clinical Services • Quality Improvement





Consumer & Family Affairs

CFBHN's Department of Consumer & Family Affairs was developed a decade ago when leadership recognized the importance of engaging with persons who access publicly funded mental health and substance abuse services. We believed that in order to deliver services that are truly helpful, individuals and families must be involved in every facet of the system of care – including development, execution and monitoring of services. Real involvement has been overwhelmingly positive for persons receiving services in their own communities, while enabling us to be both efficient and cost effective while driving process improvement across all platforms within the system.

Collaborating for Excellence



Primary Focus

Consumer & Family Affairs focuses in three key areas; Consultation, Training and System Development. The department develops and executes activities to support their mission in the following ways:

- **Consultation**

We have the expertise and ability to develop a wide variety of pilot programs supported by the latest research. These programs employ a variety of innovations using Evidenced-Based Best Practices in the fields of wellness and recovery.

- **Training**

Just like polished athletes, proper training is essential to mastering skills and achieving results. Consumer & Family Affairs provides training that enables consumers and families to be in control and reach wellness goals. Our trainings are focused to both professional and para professionals and include topics like State of the Art Disease Management, Recovery Tools and Techniques for Best Care, Sensitivity Awareness and Mental Health First Aid. Consumer & Family Affairs training programs are delivered via remote technology as well as on-site classes.

- **System Development**

Many components must come together to create and maintain a quality system of care that best meets individual needs. Consumer & Family Affairs has become the “Go-to-Resource” for identifying and developing those components.

Our staff are the consummate community advocates whose goal is elimination of discrimination against individuals with behavioral health needs while increasing awareness of the value of behavioral health services to the community at large. The Department serves as outreach coordinators across providers and communities to support and assist consumers and family members as they learn to navigate wellness pathways and access community services that best support recovery.

Consumer & Family Affairs is the role model that puts a face and a voice to the hope individuals and families critically need on the journey to recovery.

“Community Focus..... Individual Results”

Consultation

Consumer & Family Affairs is the expert in understanding the key components required to build a quality system of care. Through focus groups, surveys and research we identify solutions for system service gaps and partner with communities to develop action plans to address the gaps. Assistance includes recommendation and planning for program delivery, system and provider process improvements and monitoring focused on customer experience, service delivery and improved outcomes.

Consumer & Family Affairs works closely with consumer and family groups, professional organizations as well as local, state and federal funders to develop grounded and practical budgets for wellness service strategy implementation. They provide valuable education and guidance to a wide array of Advisory Councils, community stakeholders, providers and self-help and grassroots organizations.

Training

Consumer & Family Affairs are the experts in providing training opportunities for Peer Specialist and Family Specialist Certification, Wellness Programs and Mental Health First Aid.

Recovery Peer Services have recently been introduced as an adjunct to treatment and have been proven very successful. Peer Services does two things - contains cost and improves outcomes for individuals in treatment. Recovery Peer Specialists are individuals with a mental illness and/or co-occurring disorder and Family Recovery Peer Specialists are family members or caregivers of an individual with a mental illness and/or co-occurring disorder. These trained specialists assist consumers and families in building personal recovery tools, setting goals, problem solving, accessing resources and focusing on wellness. Because Peer Specialists have achieved recovery in their own lives, this makes them uniquely qualified to help struggling individuals and families coping with a debilitating illness.

Specialists must meet the training and internship requirements of the Florida Certification Board before they can provide services as a paraprofessional. Our staff has provided training to over 70 Recovery Peer Specialists in our Network. CFBHN remains committed to the training and support of future Certified Peer and Family Specialists.

Consumer & Family Affairs has also championed and supported the nationally recognized Evidenced Based Practice program WRAP® (Wellness Recovery Action Plan®) developed by Mary Ellen Copeland, PhD. This program teaches consumers necessary skills that will enable them to thrive while living with a mental illness and/or co-occurring disorder.

Dr. Copeland describes WRAP® as “an evidence-based system that is used world-wide by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience of mental health difficulties; people who were searching for ways to resolve issues that had been troubling them for a long time. WRAP® involves listing personal resources, developing Wellness Tools and then using those resources to develop Action Plans to use in specific situations determined by the individual. WRAP® is adaptable to any situation. WRAP® also includes a Crisis Plan or Advance Directive. WRAP® is universal — it is for anyone, any time, and for any of life’s challenges.”

Consumer & Family Affairs has trained over 300 consumers and professional staff in the use of WRAP®.

System Development

Consumer & Family Affairs has piloted a variety of innovative, promising and best practice programs designed to improve service delivery. Identifying no alternatives to hospitalization for individuals approaching a crisis, they conducted structured interviews and focus groups and determined that an unlocked, short term residential program with easy access and flexible length of stay would be the ideal solution.

The CARE Respite Unit was quickly brought on line in Tampa. Repurposing funds from more costly levels of care, Northside Mental Health Center opened the unit. It is not locked and allows the time and flexibility people need to get their lives in order. The CARE Respite Unit provides 7-9 days of time to adjust to medications, 3 meals a day and a clean, safe environment in which to recover from a crisis. Staff are trained to assist in developing a wellness recovery plan and necessary education to meet individual goals. Education and assistance is provided on how to obtain prescribed medications, apply for benefits or secure safe and permanent housing if needed.

- Results are Stunning! In the six months following discharge from the CARE Respite Unit, 41% of 200 individuals did not need to enter a Crisis Stabilization Unit (CSU – a locked facility for observation and treatment).

Consumer & Family Affairs has also adopted and fully supports the nationally recognized Mental Health First Aid training. Like First Aid, this is appropriate for everyone. It teaches the skills necessary to help people who are developing a mental illness or are in a crisis while raising awareness and educating the community. MH First Aid teaches:

- How to recognize signs of addictions and mental illnesses
- A 5-step action plan to assess a situation and provide help
- About the impact of mental and substance use disorders
- About local resources and where to turn for help

Along with the National Council for Behavioral Health, CFBHN has provided training throughout the network.

The **Mental Health First Aid** program employs a cute Koala mascot named ALGEE whose name is an acronym that provides a step-by-step plan to address any crisis situation.



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Business Development & Marketing • Consumer & Family Affairs • Financial Management •
Information Management • Network Development & Clinical Services • Quality Improvement





2013 – 2014 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network and the only CARF International Accredited Services Management Network in Florida*. Currently CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region and Circuit 10. The geographic service area covers the following fourteen counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services include: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact their lives. We accomplish our mission by seeking, developing, and nurturing partnerships with high performing providers of compassionate and quality services. Working together, this partnership continually works to meet the changing needs of public sector leadership, private sector employers and employees, and individuals who require services. To support this network, CFBHN manages total system development while providing education, training, and advocacy support as well as research, development, and implementation of best-practices in the treatment field.



* CARF is the Commission on Accreditation of Rehabilitation Facilities.

Collaborating for Excellence

We support the opportunity for every individual and family member to thrive in their own community. To that end we encourage hope, support choice and strive to bridge gaps."

Thank you for taking time to review our Annual Report to the community. We are proud to be in our fourth year as your Managing Entity for Substance Abuse and Mental Health Services in the fourteen counties we serve. Our contracted provider organizations continue to excel and we are proud of the recipients of this year's 5 Star Incentive Performance Awards.

This past year we have been actively engaged with the implementation of the new Child Protection Safety Methodology System as well as supporting families as they have transitioned to the Medicaid Managed Care program in Florida. This year also saw the formation of the Florida Managing Entity Association (FAME) and I am proud to serve as the Board of Director's Chairperson. FAME is working closely with the two statewide professional organizations, FADAA and FCCMH, to improve our publically funded system of care.

We look forward to continuing our work of improving the lives of those who seek care on their road to recovery. As I recently read on the National Council website, General Colin Powell said "Always focus on the front windshield, not the rear view mirror". I wholeheartedly agree.

We are always interested to hear feedback about our progress and the care we provide as we move forward. I can be reached at lmckinnon@cfbhn.org. We would love to hear from you.

Linda McKinnon, President & CEO



Thank you for the opportunity to serve as President of CFBHN's Board of Directors. This year has brought many challenges and opportunities our way. I am pleased our Board consists of many talented individuals from throughout the region who are both compassionate and caring. Our focus is to faithfully execute the mission of CFBHN according to Corporate Bylaws and Governance Policies.

To that end we work to ensure that the highest quality of service is delivered in a fair and equitable manner to every community in our region. We also support the concept of rewarding outstanding provider organizations and fully endorse CFBHN's 5 Star Incentive Performance Award Program.

I credit my previous career experience of 35 years in law enforcement, first as a crime scene investigator then later in supervision of homicide and major crime investigations, as the catalyst for deepening my understanding of issues many individuals face. I saw first-hand the impacts of substance abuse and mental health in my work then and was fortunate to be able to implement a countywide system for child protection investigations in Hillsborough County that improved child safety. I believe in the value of this work and what CFBHN is doing.

This is our pledge to the citizens we serve - we will continue to work diligently on your behalf through the operations of CFBHN and the governance of this Board of Directors.

Craig Latimer, Chair of the Board



Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.



Community Focus...

Individual Results

99.4% | Expenditure
Rate on
Services

128,514 | Numbers
Served in
Treatment

241,844 | Numbers
Served in
Prevention

\$163,499,653 | Total
Contract
Funds

Values

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Accountability: We commit to the maximization of all resources with which we are entrusted.

Guiding Principles

We understand every community is unique. That is why we emphasize strengthening the existing system of care by working in true collaboration.

Our integrated approach philosophy views a community's delivery of wellness and healthcare services holistically and seeks to ensure all parts of that delivery system are interconnected; balancing what is good for parts within the system as well as the community as a whole. High performing partnerships have historically been the driving core component of our success in delivering quality services. We routinely partner with those that share our commitment to constantly drive increasing levels of performance in order to attain community wellness goals that support integrated healthcare. We actively engage consumers and families to deepen our understanding of their expectations and to anticipate emerging needs. Finally we employ technology as a powerful tool for driving performance while above all delivering personalized care that is convenient, timely, and effective.

Current Snapshot

July 1, 2013, began our fourth year of managing the network of safety net substance abuse and mental health services funded through Florida's Department of Children & Families (DCF). Community voices continue to be heard and supported via Coalitions, Consortiums, and Regional Councils throughout all fourteen counties. CFBHN managed \$163,499,653 through contracting with community organizations

serving 128,514 persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services and reached 241,844 individuals through Prevention programs. We efficiently and effectively managed all contracted funds with an expended rate of 99.4% and a total administrative cost of less than 4% – a good value for taxpayer funded services.

CFBHN has a highly qualified and dedicated workforce consisting of doctoral and master's level degreed professionals as well as licensed and certified managers. Many CFBHN staff "Give Back" to their communities in a variety of ways. Neal Dwyer, Community Manager, serves on the Florida Center Advisory Board, Niaja Jackson, Prevention, serves on the Sacred Recovery System Board, Rich Rolfes, Program Manager Specialized Services, serves on the Circuit 13 Juvenile Justice Board, Armandina Shanahan serves on the Suncoast Community Health Center Board, and Dr. Tonicia Freeman-Foster serves on the West Central Ryan White Care Council. Others donate hours of their time for worthy community causes like loan Fernandez, Senior Systems Administrator, Andrea Butler Fernandez,

Contract Manager supporting the Alzheimer's Run and Joanne Szocinski, Senior Systems Support Analyst, who trains loving therapy dogs. CFBHN staff collectively has done their part to help families in need through support of Thanksgiving Food Drives sponsored by Metropolitan Ministries and Christmas Toy Collections for children in foster care.

CFBHN is also proud to employ United States veterans; including Joseph Ahrens, System Administrator, Larry Allen, COO, Tony Collera, Senior Quality and Risk Manager, Neal Dwyer, Community Manager, and Michael Krause, Director of Contracts. They have served our country and now proudly serve our local communities as part of the CFBHN team.

CFBHN's Annual Employee Survey shows that 100% of staff care about CFBHN's future and are willing to put in a great deal of effort to ensure success, 93% are satisfied with their job and 98% wish to stay with CFBHN until they retire!

Collaboration with Juvenile Welfare Board (JWB) of Pinellas Helps Families

The Family Services Initiative is a collaboration among four partner agencies: Juvenile Welfare Board (JWB), CFBHN, 211 Tampa Bay Cares, and Personal Enrichment through Mental Health Services (PEMHS). Along with this core group, many other community providers as well as the Pinellas County School System are accessed to provide for local families in need. The focus is on prevention and providing families the right service, at the right time, and for the right need. Essential supports and wrap around services are provided in a timely manner and meeting basic needs empowers families to become self-sufficient. CFBHN's IT System manages and tracks service requests and ensures efficient and timely access to necessary resources. An in-depth video was created this past year to illustrate program advantages, and can be accessed through the CFBHN website. Also, a recent ROI Case Study clearly illustrates that by investing as little as \$2,700 to a family in need avoided \$50,000 in Child Welfare costs.

5-Star Performance Award Recognition Program

Every year CFBHN contracted providers participate in a process that analyzes performance by category according to a "Scorecard". The highest performers in each category can earn a performance incentive financial award. The total amount available for distribution in 2013-2014 was \$321,392, and those providers who earned performance awards were recognized at the Annual Board meeting October 20, 2014. Award winners can be viewed on the CFBHN website.



Reinvestment Funds Help Families Get the Help They Need Via "Speed Pass"

For the second year in a row, dedicated funds were available to help families with children involved in the child welfare system get the help they needed as quickly as possible. The total amount of funds dedicated was \$567,000. Dubbed internally as "Speed Pass", families in need of services were quickly

identified and referred to contracted providers to receive a wide range of mental health or substance abuse services. Vouchers were issued through the CFBHN IHSIS system which enabled accurate tracking, monitoring, and reporting. The concept proved so valuable the state funded the creation of treatment teams to serve this population using CFBHN's established model.

\$5 Million Grant for Healthy Transitions Awarded

In partnership with the DCF SAMH Program Office, CFBHN was awarded a \$5 million/5 year "Now Is the Time: Healthy Transitions Grant" from SAMHSA to focus on early intervention and treatment for youth/young adults 16-25 at risk of or diagnosed with a serious mental illness. Dr. Tonicia Freeman-Foster, Senior Program Manager, will be responsible for implementation of the grant.

CFBHN Assumes Responsibility for Required Survey Processing

The QI Department assumed responsibility for the submission process of the required Consumer Satisfaction Surveys to DCF this past year. In total thirty-five contracted provider organizations submitted 12,340 collected surveys of which 11,459 were deemed usable (not missing any required data). Surveys included demographic data such as program where services were received, race, sex, and age. Questions covered such topics as access to care, quality of care, general satisfaction, outcomes, and social connectedness and were ranked on a scale producing a satisfaction score percentage. As this was the first year data was collected, it will be considered a "baseline" year for information. All results were shared with individual providers so they could assess if specific areas needed additional attention for process improvement. Internally, other CFBHN departments such as Network Development & Clinical Services will be using the data for future planning purposes.

Major IT Initiatives Builds Crucial Infrastructure

CFBHN is committed to providing timely and detailed information necessary to improve outcomes and support community planning. To that end, CFBHN's robust infrastructure is designed to allow for rapid expansion, system redundancy, data resiliency, information security, and maximum system availability. There are approximately six hundred active end users on the network including internal staff, subcontractors, and DCF personnel. CFBHN hosts various on-demand or software as a service (SaaS) applications that increase staff productivity for the entire region. Operating on thirty-four servers (twenty of which are Virtualized) plus five Storage Area Networks (SAN) CFBHN can immediately expand as needed and achieve high input/output operations per second (IOPS). This ensures fast data file uploads and query retrieval.

CFBHN operates "In the Cloud" with three major applications including the Contracts and Finance Exchange website (CAFE) developed by



Lightwave Management Services, the Integrated Human Services Information System website (IHSIS) developed by Tidgewell Associates Inc. (TAI), and SharePoint (Data and Business Intelligence Sharing). Systems are configured in clustered servers which utilize Microsoft's latest technologies to provide high availability and maintain optimum functionality.

Data Warehousing is used for mission critical reporting and business intelligence forecasting against disparate data sources which are combined together for a clearer picture of overall business operations used in critical decision making. SharePoint is used within the network to allow for easy sharing of data in a secure and privilege-based environment, protecting client information and data. This allows users to exchange data securely in an environment where all transactions are tracked. Also available through the SharePoint portal is our Business Intelligence Dashboard, which provides reports providers can use to manage their data and review utilization in the following categories: contracts/finance, provider data reporting, utilization management, scorecards, and performance measurement.

Utilizing the SQL Server Reporting Services (SSRS) and Analysis Services (SSAS) CFBHN is able to provide diverse platforms for higher interoperability across many devices and platforms for reporting purposes. By utilizing data cubes we offer full ad-hoc reporting across disparate data sources that can be customized fully by the end user without having the technical knowledge to create meaningful reports. Both SSRS and SSAS allow for automated processes on required reporting elements to be built that can be run on demand against real time data allowing for aggregate data views where the end user can drill down to the specific records that make up the global view. CFBHN systems conform to all Security and HIPAA standards.

Shaping the Future

We are challenged to provide for our most vulnerable fellow citizens in their most desperate hours of need. Good health and well-being is a precious gift, one we strive to make available to those we serve. We know a solid infrastructure is essential to meet this goal. We will continue to work diligently to be good stewards of the resources entrusted to us for support of this safety net of publically funded services and look forward to continuing our work.

We also believe in working smarter. To that end we apply analytics to every part of our administrative operation – changing how we drive efficiency, increasing the effectiveness of our services, and improving risk management. Daily we drive productivity and streamline processes with our partners, striving to be a leader, and an innovative model for our industry. We know the world is becoming more mobile and better connected through technology. In the year ahead, CFBHN plans to leverage the power of technology to improve outcomes and benchmark performance and will continue to pursue the latest in service technology both for our internal performance and to provide better services.

We welcome you to visit our website often, invite you to subscribe to our ENewsletters, and connect with us through social media. Thank you for reviewing our 2013–2014 Annual Report.

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

Craig Latimer, Chair, Community/Law Enforcement/Elected Official
Supervisor of Elections/Retired Major Hillsborough County Sheriff's Office

Ray Gadd, Vice Chair, Community
Assistant Superintendent Administration & Operation,
Pasco County School Board

Paula O'Neil, Treasurer, Community/Elected Official
Pasco County Clerk and Recorder

Judy Turnbaugh, Secretary, Community/Family Advocate
National Alliance for Mental Illness (NAMI) Pinellas

Dr. Robert Nixon, Immediate Past Chair, Community/Business
Strategic Planning and Solutions/Professor Emeritus USF Tampa

Community & Stakeholder Directors

Ann Arnall, Governance Committee Chair/Community
Director Lee County Human Services

David Beesley, Provider
CEO First Step of Sarasota

Susan Benton, Community/Law Enforcement
Sheriff Highlands County & Past President Florida Sheriff's Association

Maureen Coble, Community
Retired COO, Sarasota YMCA Partnership for Safe Families

April Dean, Community/Family Advocacy & Faith Based
Outreach Director Grace Family Church

Ray Fischer, Community/Community Based Care
Children's Network of Southwest

Nancy Hamilton, Provider
CEO Operation PAR

Kevin Lewis, Quality Committee Chair/Provider
CEO Saluscare Inc.

Larry Lumpee, Community
Past Assistant Secretary for Department of Juvenile Justice & Retired CFBHN COO

Dr. Subhakararao Medidi, MD, Community/Public Health
Medical Director Suncoast Community Health Centers

Wendy Merson, Community/Private Receiving Facility
CEO Windmoor Healthcare

Walter Niles, Community/Public Health
Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
CEO Heartland for Children

Mary Lynn Ulrey, Provider
CEO Drug Abuse Comprehensive Coordinating Office (DACCO)

Karen Windon, Community
Deputy Court Administrator Manatee County

Dr. Alvin Wolfe, Community/Child Advocacy
Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Bridging Gaps with Management Solutions

Business Development & Marketing

- CFBHN grows social media with Facebook Friends
- Corporate and Prevention Partners ENewsletters expanded reach via Constant Contact. Transition automated production and improved appearance. Tracking reports gauge communication effectiveness
- Setting standards as the “Go-To” field expert, staff presented at national and state conferences including The National Council, Florida Council on Community Mental Health/Florida Alcohol and Drug Abuse Association (FCCMH/FADAA), Florida Juvenile Justice Association (FJJA), and Florida School of Addictions
- Produced Care Coordination and Consumer & Family Affairs brochures, Consumer Handbook and Legislative Packets
- Supported National RX Take Back Day via CW44 TV “Bayside” interview featuring Linda McKinnon, CEO & President
- Named Tampa Bay Non Profit of the Year Finalist
- Received Pearl Logic Certificate of Operating Cost Efficiency Recognition Award
- Linda McKinnon, CEO & President, named Professional of the Year by FADAA and Administrator of the Year by FCCMH. She serves as Board Chair of the Florida Association of Managing Entities (FAME) and on the Boards of FCCMH, FADAA and Executive Board of the Tampa Bay Regional Domestic Security Task Force Health & Medical Coalition
- Larry Allen, COO, serves as President of the Florida Association of Health Care Quality
- Marcia Monroe, VP, named finalist for Tampa Bay Business Woman of the Year and FCCMH Administrator/Supervisor of the Year. She serves on the Florida School of Addictions. Board of Directors
- Doris Nardelli, Business Manager, named 2013 Advocate of the Year by FADAA and serves on the Board of Directors for Florida Partners in Crisis, Polk NAMI and the Polk State College Advisory Council

Consumer & Family Affairs

- CFA serves as a hope role model and voice for those on the recovery journey. Engaging with consumers, they use input to improve the care system via education, advocacy, peer support, and resource location
- Provided phone and email assistance to 300 families and consumers
- Developed a Florida Assertive Community Treatment (FACT) family guide booklet

- Provided training for: Peer Recovery Specialists, West Virginia Leadership Academy Advocacy Program, Mental Health First Aid, NAMI Family to Family, and Wellness Recovery Action Planning (WRAP)
- Provided Technical Assistance to establish Peer Support, Vocational Rehabilitation, Peer Assisted Liaison, and Florida Veteran’s Outreach services. Established Consumer Support “Warm Line” and launched Peer Advocacy Councils in Hillsborough & Pinellas Counties
- Provided education and support materials at community health fairs and events
- Carol Eloian, CFA Liaison, served as NAMI Hillsborough President and serves on the Board of Directors for FCCMH and the Florida Certification Board Behavioral Health Advisory Council

Financial Management

- Received two outstanding Audits via DCF Contracting Oversight Unit and JWB - both reporting no findings
- Implemented enhancements to CAFÉ (contract administration) software providing additional accountability and control - Budget and Corrective Action Module and Finance Cost Reimbursement Module
- Streamlined contracted provider fiscal reports resulting in improved efficiencies, less reported errors, and enriched monitoring capabilities

Information Management

- Heather Hains, CIO, worked with DCF, Florida Managing Entities, and the Florida Council State Technology Workgroup to develop a statewide IT Committee serving as Chair
- Business Intelligence (BI) Dashboard was redesigned and expanded to include “Real Time” reporting to track performance measures and funding levels
- Launched SharePoint “Helpdesk Support” for internal staff and external contractors
- Automated: Appropriation 375 Pregnant Women Funding Data Collection & Reporting through integrating IhsIS and SharePoint, QI Monitoring Reports including Prevention Data, and new MSS Child Welfare Referral Process in IhsIS for CPI investigators and contracted providers
- Re-designed network infrastructure by expanding the HA environment and data warehouse guaranteeing minimal downtime
- Completed internal hardware and software upgrades for maximum efficiency
- Managed live daily booking and release data

import from Pinellas Sheriff Department matched against internal service system

Network Development & Clinical Services

- Took active role in preventing children from entering the child welfare system and deeper end services via collaborative interagency calls identifying child and family at risk needs
- Developed diversionary staffing process for court involved adolescents and families producing system efficiencies that broke down barriers to successful community reintegration and identified service gaps
- Facilitated community meetings during the Florida Medicaid Managed Medical Assistance Program rollout
- State Hospital Admission & Discharge Planning decreased length of stay and increased community success by planning wrap around services. Tracked Forensic Treatment Facility diversions and monitored Wait Lists
- Care Coordination maximized resources by monitoring service access and assuring clinical appropriateness. Focusing on “High Need/High Utilizers” improved quality and efficiency – realizing better outcomes, fewer readmissions, and reduced cost of care
- Lisa Jones, Prevention Program Manager, presented on Coalitions and Community Health & Wellness at the 2014 Washington DC CADCA Forum, provided KIT Solutions training to other ME’s, and Technical Assistance to Coalitions statewide
- Margo Fleisher, Training Program Manager, facilitated Mental Health First Aid training and coordinated Trauma Informed Care (TIC) efforts

Quality Improvement

- Sponsored internal and external NIATx training improving process efficiencies and producing cost savings
- After their monitoring visit, contracted providers were surveyed to solicit feedback for improvement
- Improved SharePoint site organization making it more “user friendly”
- Risk Management participated in a DCF trial improving the Incident Reporting and Analysis System (IRAS)
- Provided training to contractor providers on TANF, Pregnant Women, and Prevention services
- Became a DCF Beta test site

HIGH NEED HIGH UTILIZATION (HN/HU) PILOT PROJECT

Presented by: Marcia Monroe, LCSW, MSW, MBA
& Doris Nardelli, MPA



Collaborating for Excellence

Focus

CFBHN believes effective Care Coordination must be flexible and respond to community and individual needs while incorporating the best clinical research — and also meeting ever evolving federal and state requirements. We change processes based on data and results. Data collection comes from a variety of sources including treatment outcomes, cost of care, quality improvement monitoring reviews, satisfaction survey information, risk management/incident reporting, information from individuals served and other stakeholders. Change driven by data transforms the system from being reactive to proactive.

Measurable Results

- ✓ Reduction in Delux Services average length of stay translated into an approximate 10% reduction in cost per individual served
- ✓ A 30% reduction in average length of stay was achieved for Adult Mental Health Residential Level 1 Services
- ✓ Numbers served in Adult Mental Health Residential Level 1 Services increased by 45%, resulting in \$640,000 being redirected into less costly services for the system of care
- ✓ Cost per individual served for Adult Crisis Stabilization was reduced by 3.5%
- ✓ Cost per individual served for Children's Crisis Stabilization was reduced by over 13%
- ✓ Average days between discharge and readmission increased by 33%
- ✓ Days waiting for services reduced by 84%

Methodology

Identified HN/HU individuals received integrated care coordination matching intensity of service to symptom severity. Additional care coordination involved collaboration with service providers regarding individual situations, review of assessed needs, treatment, discharge and aftercare plans as well as other applicable information.

The HN/HU program ensured client services were based on medical necessity criterion and fit Millman Behavioral Health Care Guidelines (the industry "Gold" standard). Millman Care Guidelines were developed from research and literature reviews and assist in decision-making regarding level of care, length of stay, overall course of treatment and high utilization.

SEAMLESS

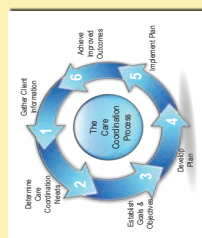
This Pilot Program reduced the possibility of a person receiving redundant or conflicting treatment and ensured an open line of communication for everyone engaged in care planning. Individuals focused on recovery rather than processing systems issues.

CHOICE

The HN/HU program strongly supported individual choice. Participation and partnership meant focus was on individuals — not illnesses.

PERFECT FIT

Care Coordination ensured individuals and families received the right services, at the right time, for the right duration and frequency required.



Additional Credits:
John Parratt, Director of Strategic Promotions & Development, LogoGram, Inc.
Jules Davidson, Graphic Designer, LogoGram, Inc.

Statement of Need

A growing number of individuals were accessing the highest cost system services without positive outcomes. Situational analysis resulted in development of the HN/HU pilot project. Goals were to improve outcomes, reduce readmissions and reduce cost of care.

The question became — what needed to be done to support individuals in the least restrictive level of care while also reducing the likelihood of their return into a higher level of care (all without negatively impacting safety and care quality)? A secondary goal was to increase days between an individual's last discharge and readmission back into the same level of care.

Individuals were also recognized as medically complex for both primary health issues as well as behavioral health needs. Use of the internationally recognized Comprehensive, Continuous, Integrated System of Care (COISC) model developed by Doctors Ken Minkoff and Chris Cline was implemented. This system construct improves treatment capacity for individuals in systems of any size and complexity.

Four Quadrant Clinical Integration Model





2014 – 2015 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network and the only CARF International Accredited Services Management Network in Florida*. CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region and Circuit 10. The geographic service area includes the following fourteen counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services include: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. We accomplish our mission by seeking, developing, and nurturing partnerships with high performing providers of high quality compassionate services. Working with our partners, CFBHN continually meets the changing needs of public sector leadership by providing for those individuals who require public services. To support this network, CFBHN manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF is the Commission on Accreditation of Rehabilitation Facilities*



Collaborating for Excellence

“Recovery Points are clear milestones on the road to a happy and healthy future. Our system of care ensures that the keys to success are provided to those who need this opportunity. We encourage hope, support choice and strive to bridge system gaps.”

We are pleased to present our 2014-2015 Annual Report to the community. Having completed our fifth year as your Managing Entity for Substance Abuse and Mental Health Services in the Suncoast Region and Circuit 10, I am pleased to report that the Department of Children and Families has exercised their option to renew our contract for an additional five years.

Our contracted provider organizations continue to excel and we are proud to be able to host a special awards luncheon in honor of this year's Five Star Incentive Performance Awards recipients on October 27, 2015.

During the previous year we continued to focus on families and children who are served in the child welfare system, working diligently with our partners to focus on prevention and intervention initiatives and services.

The Florida Managing Entity Association (FAME) that was formed the previous year continues to provide leadership and is working closely with the Department of Children and Families as well as the two statewide professional organizations FADAA and FCCMH, to improve our publically funded system of care. I am proud to continue service as the Board Chair of this organization.

Please feel free to contact me with your feedback and comments. I can be reached at lmckinnon@cfbhn.org. I would love to hear from you.

Linda McKinnon, President & CEO



It has been a distinct honor and privilege to have served as Chair of CFBHN's Board of Directors since 2013. Our Board consists of many talented individuals dedicated to the mission of ensuring public services are available to those in need. We do this by faithfully executing the mission of CFBHN according to Corporate Bylaws and Governance Policies.

I am very pleased to participate in this year's October luncheon event honoring those outstanding provider organizations who earned incentive awards through CFBHN's Five Star Incentive Performance Award Program. Our Board has been very supportive of the concept and is excited about the results it has generated. Most gratifying is hearing the real success stories of persons served through these programs as well as having the opportunity to personally meet them at the luncheon. We know there are countless other stories waiting to be shared as well as more waiting to be made.

Moving forward, I am encouraged by the continued growth and development of CFBHN as a leader in Florida public service. The processes and expertise that have been developed are of the highest caliber and will ensure all funds are efficiently and effectively used for those most in need.

This year it is my honor to pass the Board Chair position to The Honorable Paula O'Neil. I know she will continue to faithfully execute the CFBHN mission through her guidance and leadership. Our pledge to the citizens we serve – to work diligently on their behalf through the operations of CFBHN and the governance provided by this Board of Directors.

Craig Latimer, Chair of the Board



Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.



Community Focus...

Individual Results

Current Snapshot

\$164,836,198
TOTAL CONTRACT FUNDS

99% | Expenditure Rate
on Services

119,493
Numbers Served in Treatment

327,200 | Numbers Served
in Prevention

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities, and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually lead to new goals and opportunities.

Accountability: We commit to the maximization of all resources with which we are entrusted.

Guiding Principles

We understand every community is unique. That is why we emphasize strengthening the existing system of care by working in true collaboration. Our integrated approach philosophy views a community's delivery of wellness and healthcare services holistically and seeks to ensure all parts of that delivery system are interconnected; balancing what is good for parts within the system as well as the community as a whole. High performing partnerships have historically been the driving core component of our success in delivering quality services. We routinely partner with those that share our commitment to constantly drive increasing levels of performance in order to attain community wellness goals that support integrated healthcare. We actively engage consumers and families to deepen our understanding of their expectations and to anticipate emerging needs. Finally we employ technology as a powerful tool for driving performance while above all delivering personalized care that is convenient, timely, and effective.

July 1, 2014, began our fifth year of managing the network of safety net substance abuse and mental health services funded through Florida's Department of Children & Families (DCF). Community voices continue to be heard and supported via Coalitions, Consortiums, and Regional Councils throughout all fourteen counties. CFBHN managed \$164,836,198 contracting with community organizations serving 119,493 persons with a full array of services including acute care, residential, housing, medical, outpatient, and recovery support while reaching 327,200 through prevention. We efficiently and effectively managed all contracted funds with an expended rate of 99% and a total administrative cost of less than 4% – a good value for taxpayer funded services.

Top Leadership Reports to Florida Legislature

Linda McKinnon, President & CEO, prepared and presented a very in depth and comprehensive report on the effectiveness of the Managing Entity Model to the Florida Senate during the 2014–2015 session. She clearly outlined the benefits accruing to Florida relative to behavioral health services managed by CFBHN in the SunCoast Region and Circuit 10 and what could be expected as the Managing Entity model matured. The Florida Legislature had specific goals: ensuring that maximum resources were available for services, services were delivered by a high quality network, reduce reliance on deep end costly service while increasing community capacity to provide effective lower cost services, prioritizing needs of families served in the child welfare system to ensure safety, ensuring local community voices are heard, and finally that employment opportunities for individuals receiving services were a focus. The full report can be found at www.cfbhn.org. Briefly CFBHN accomplished:

- Reduced operational costs from 14% to 3.5%. 96% of funds go to services
- Maintained CARF accreditation as the only Florida Accredited Services Management Network and required accreditation of network subcontractors. Additionally, the CFBHN Board initiated a Five Star Incentive Award program for those subcontractors who achieved and surpassed quality measures providing earned incentive awards from reinvestment funds
- Met 100% of all quality measures required by contract
- Successfully diverted from State Hospital admission 40% of referrals representing a cost savings to the state of approximately \$7,162,315. Reduced CSU readmissions within 30 days to below 10%. Increased FACT Team admissions by 140 persons and reduced Residential Level 1 services by 48% by placing individuals in less costly housing options.
- Since 2010 increased funding targeted to families in crisis by \$3,840,983 and this year diverted 93% of potential lockout calls from home placement
- Included stakeholders from throughout the region on the CFBHN Board of Directors and used a structured approach that engages communities via Consortiums, Coalitions, Regional Councils, and Acute Care Committees
- Supported Peer Specialist training and funded new employment initiatives
- Developed a robust IT infrastructure for sharing data and business intelligence which is transparent and available for on demand viewing

Florida TaxWatch Says ME's A Great Value

"Ensuring that the delivery of government services is efficient and effective is a core function of Florida TaxWatch. Along with promoting and protecting

budget integrity, improving taxpayer value and government accountability, and educating citizens on the activity of their government, analyzing government service delivery models is the mission of Florida TaxWatch as a nonpartisan, nonprofit public policy research institute,” says President and CEO Dominic M. Calabro. The March 2015 report details their research and analysis of the Florida Behavioral Health System finding it a good model for delivering services. The complete report can be found at floridataxwatch.org.



Marcia Gonzalez Monroe Honored with National Award

The National Council of Behavioral Health recognized Marcia Gonzalez Monroe, CFBHN Vice President of Network Development & Clinical Service, as the Mental Health Professional of the Year. She received the Inspiring Hope Award, supported by Eli Lilly and Company, at the 2015 National Conference held this year in Orlando, Florida. She has graciously given her \$10,000 award from Eli Lilly to establish the Arthur Gonzalez & Marcia Gonzalez Monroe Scholarship Fund. Proceeds will be awarded to ten deserving first time professional attendees to the 2016 National Council Conference and is being supplemented by the



National Council with discount conference rates for those attendees who are selected. Her award acceptance speech can be viewed on our website at www.cfbhn.org. Ms. Monroe also currently serves on the Board of Directors for the Florida School of Addictions and is widely recognized as one of the national leaders in co-occurring system development.

5-Star Performance Award Recognition Program

Every year CFBHN contracted providers participate in a process that analyzes their performance by category according to a “Scorecard”. The highest performers in each category can earn a performance incentive financial award. The total amount available for distribution in 2014–2015 was \$400,000, and providers who earned performance awards will be recognized at the first annual Award Recognition Luncheon October 27, 2015. A complete list of award winners can be viewed at www.cfbhn.org.



Managing Transition in an Emergency

What happens when a long time community behavioral health provider organization is no longer able to sustain themselves and decides to abruptly close their doors? CFBHN faced this dilemma early in 2015 for a remote rural area in southwest Florida – Hendry and Glades counties. CFBHN stepped up to work with the closing organization’s Board of Directors to ensure a smooth, seamless transition of services until a new subcontractor organization could be secured. The goal was to sustain and transfer services but make the process appear seamless to the general public. Offices were never closed and

staff were transitioned, maintaining continuity of care. However, a big part of the solution was to use a telemedicine service called “Click A Clinic”. It proved so successful “Click A Clinic” has been retained as a permanent part of the service array for the new provider and is now being looked at as a model to replicate across the state in both rural and urban areas. Cost effective and responsive, “Click A Clinic” has been praised by both professionals and those individuals receiving services. Success was measured by the high number of scheduled appointments kept, return follow-up appointments and positive client satisfaction surveys.

Families Get Help with FIT and Make Great Strides with Family Court

FIT Teams work to keep families and children safe. CFBHN manages four providers in our network and a total of 247 families were served this fiscal year. During that time families were successfully discharged and many elected to maintain contact for support and aftercare services. Additional program success includes; improved communication between all stakeholders, availability of incidental funds to enable families to purchase clothes for job interviews and material fees for vocational school and being able to provide emergency rent and utility payments to ensure a stable home environment is maintained. Many families with prior unsuccessful child welfare histories were able to successfully complete the FIT Program and because of the intensive treatment level plus peer support and follow-up, many children were able to safely remain with family and not be removed from their home. And with FIT Team counselors in court, the judicial system has become an active partner who is critically engaged in program success.

\$5 Million Grant for Healthy Transitions Moving Forward

In 2013-2014, in partnership with the DCF SAMH Program Office, CFBHN was awarded a \$5 million/5 year “Now Is the Time: Healthy Transitions Grant” from SAMHSA to focus on early intervention and treatment for youth/young adults 16-25 at risk of or diagnosed with a serious mental illness. Dr. Tonicia Freeman-Foster, Senior Program Manager is responsible for implementation of the grant and led a team last August to meet with the other grantees in Bethesda, MD. This meeting enabled all to network, learn about best practices and meet their federal grant officers. Upon returning to Tampa, Dr. Freeman-Foster held a planning meeting with all partners and stakeholders to share information received at the grantee meeting and began work on the Communication Plan which included a required Social Marketing component. The Local Evaluation Team was also created whose task is reviewing program outcomes, identifying measures and selecting measuring tools. Both the “Transition to Independence Process” and “Wraparound Models” will be used in this program to address the wide variety of youth needs. Currently, all providers have signed contracts, are in the process of hiring professional staff, and have hired the young adults who will be part of the team. Plus, all local 211 Centers are working together to streamline their processes. Everything is a go!

Consumer & Family Affairs Leads the Way in Expanding Knowledge

Carol Eloian, Director, and her department are leading the way in helping communities understand behavioral health issues while focusing on reducing



stigma and discrimination. They provide educational events including; training for over 100 Bay Area Legal, Inc. attorneys in Mental Health Sensitivity to empower them to separate myths from facts when working with mentally ill individuals and families, conducting Webinars on how to best use Peer Specialists services to increase recovery opportunities, and engaging with college psychology students in open forum discussions about family perspectives and needs. Ms. Eloian also played a key role in the 13th Judicial Circuit updating of the 5-Year Sequential Intercept Mapping Project identifying system gaps and proposing solutions.

Engaging with consumers who have achieved recovery is also a key focus. They are leading and supporting development of Peer Advocacy Councils throughout the region bringing in special kick-off speakers. These councils will become a key to success as members mentor those just beginning recovery and are new to the Recovery Oriented System of Care concept.

Finally, they are spearheading an initiative with local National Alliance on Mental Illness (NAMI) affiliates to join together with the hope each affiliate will become stronger through sharing. Collaborative goals include sharing signature trainings, increasing membership, participating in fundraisers, focusing communication efforts, supporting advocacy for younger consumers and advocating filling service gaps in housing, respite care and short-term residential treatment while also focusing on the need for increased base funding.

IT Expands Capacity and Delivers

CFBHN is committed to providing timely and accurate information. Presently there are approximately eight hundred active end users on the network both internal and external. This year CFBHN has increased the number of servers to forty-two with twenty-five virtualized. While operating "In The Cloud" on three major applications, data warehousing enables CFBHN to provide mission critical reporting. Client information is secure and protected in the network. The CFBHN systems conform to all Security and HIPAA standards. This past year saw the call for CFBHN to step up and provide reporting for the entire state for the FIT program and with the robust nature of the CFBHN IT system there are many future opportunities available for service of Florida needs.

Future Focus is on Recovery Points and Communication

CFBHN does a very good job of developing and maintaining an efficient and effective system of care. People are receiving high quality services and are achieving recovery. In an effort to share this information in a more



personal way CFBHN is launching a series of Success Stories which will be available through various communication channels including our website, social media accounts and YouTube. The world of communication is changing rapidly and if we want to stay ahead of the curve we need to employ means of communication people like to use. Please visit our website often, subscribe to our ENewsletters, and connect with us through social media. Let us hear from you with thoughts, suggestions and ideas.

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

Craig Latimer, Chair, Community/Law Enforcement/Elected Official
Supervisor of Elections/Retired Major Hillsborough County Sheriff's Office

Paula O'Neil, Vice Chair, Community/Elected Official
Pasco County Clerk and Recorder

Ray Gadd, Treasurer, Community/Elected Official
Assistant Superintendent Administration & Operation, Pasco County School Board

Judy Turnbaugh, Secretary, Community/Family Advocate
National Alliance for Mental Illness (NAMI) Pinellas

Dr. Robert Nixon, Immediate Past Chair, Community/Business
Strategic Planning and Solutions/Professor Emeritus USF Tampa

Community & Stakeholder Directors

Ann Arnall, Governance Committee Chair/Community
Director Lee County Human Services

David Beesley, Provider
CEO First Step of Sarasota

Susan Benton, Community/Law Enforcement
Sheriff Highlands County & Past President Florida Sheriff's Association

Maureen Coble, Community
Retired COO, Sarasota YMCA Partnership for Safe Families

April Dean, Community/Family Advocacy & Faith Based
Outreach Director Grace Family Church

Ray Fischer, Community/Community Based Care
Children's Network of Southwest

Nancy Hamilton, Provider
CEO Operation PAR

Kevin Lewis, Quality Committee Chair/Provider
CEO Saluscare Inc.

Larry Lumpee, Community
Past Assistant Secretary for Department of Juvenile Justice & Retired CFBHN COO

Dr. Subhakar Rao Medidi, MD, Community/Public Health
Medical Director Suncoast Community Health Centers

Wendy Merson, Community/Private Receiving Facility
CEO Windmoor Healthcare

Walter Niles, Community/Public Health
Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
CEO Heartland for Children

Mary Lynn Ulrey, Provider
CEO Drug Abuse Comprehensive Coordinating Office (DACCO)

Karen Windon, Community
Deputy Court Administrator Manatee County

Dr. Alvin Wolfe, Community/Child Advocacy
Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Bridging Gaps with Management Solutions

Business Development & Marketing

- Social media presence expanding with Facebook Friends and Twitter launch
- Constant Contact expanded ENews reach providing tracking to gauge effectiveness
- Presented workshops and posters at national and state conferences; National Council, FCCMH/FADAA, FJJA, and Florida School of Addictions
- Published Annual Report/Managing Entity/FACT brochures, Quick Reference Card for Law Enforcement and banners. Produced Electronic Consumer Handbook, FACT Family Guide, Child Service Packet, Legislative Toolkits, state and federal district specific Legislative information, Funding Infographic and new branded templates. Produced PSA's for editorial boards, Hendry/Glades and RX Drop Off day.
- CFBHN named Finalist for Tampa Bay Non Profit of the Year 2015
- Linda McKinnon, President & CEO, is Board Chair of the Florida Association of Managing Entities (FAME), serves on the Boards of Florida Council of Behavioral Health, the Florida Alcohol and Drug Abuse Association, and the Executive Board of the Tampa Bay Regional Domestic Security Task Force Health & Medical Coalition.
- Business Manager Doris Nardelli serves on the Boards of Florida Partners in Crisis, Polk NAMI, and Polk State College Advisory Council

Consumer & Family Affairs

- Worked with NAMI Hillsborough and Grace Point Wellness Foundation to produce communications brochure providing insight on living with mental illness and impacts family members and caregivers experience due to HIPAA privacy rule when communicating critical health information
- Trained over 200 Hillsborough County Sheriff Officers in 40 hour Crisis Intervention Training (CIT) program that helps officers called to a mental health emergency
- Florida Leadership Academy training provided to 30 Recovery Peer Specialists to strengthen leadership, networking and advocacy skills enabling them to earn CEU credits for certification
- Carol Eloian, Director, serves on the Florida Certification Board Behavioral Health Advisory Council where she made curriculum standardization recommendations for updated Peer Recovery Specialist certification to include additional substance abuse training
- Trained on SAMHSA recovery oriented evidenced based practice "Whole Health Action Management" that teaches self-management skills for community mental health centers, health homes and group settings
- Participated in statewide DCF "Recovery Oriented System of Care" forum to create shared vision to shape prevention, treatment and recovery support systems in Florida

Financial Management

- CFBHN received outstanding audit from DCF Contracting Oversight Unit. No reported findings.
- CFBHN implemented Finance and Contracts central depository which allows subcontractors to submit reports electronically thereby improving efficiency
- Enhanced CAFÉ system by automating additional contracting processes creating efficiencies for CFBHN and subcontractors who can now complete their funding tool, auto calculate match and receive post award notices
- In the 2014–2015 FY, CFBHN purchased an additional \$1,068,093 in services from carry forward 2013–2014 FY funds

Information Management

- Developed Statewide IT solution for Family Intensive Treatment funding
- Automated reports; Performance Measures (under new algorithms and contract), Block Grant, Quarterly, Alliance, and Real Time Access
- Developed Network Security Enhancements to infrastructure and policies, Data Warehouse and High Availability
- Automated; Specific Appropriation 375 MSA81 subcontractor reports on SharePoint integrated with Integrated Human Services Information System service data to increase efficiency by automatically populating and eliminating duplicated data entry (Reports are dynamic and can be monitored by levels and performance), Child Welfare Registrations so Child Protection Investigators can refer families, and Reconciliation/Expenditure reports
- Received Sheriff Booking Data, compared to persons served, and reporting to subcontractors
- Managed 100% standard data validation to invoice
- Heather Hains, CIO, participates on IS Strategic Committee, ME IT Committee and IM Project Team

Network Development & Clinical Services

Overall System

- Delivered 70 trainings including; Seven Evidenced Based Practices (Motivational Interviewing/Stages of Change), Four Trauma Informed Care System Change and Practice, Two Co-Occurring Disorders, Eight Limited Mental Health for Assisted Living Facilities, Five Children Mental Health, One NIATx collaboration with QI Department, Five Mental Health First Aide, and Nineteen Continuing Education

Child System of Care

- Managed 167 Child Welfare Interagency/Lockout calls resulting in 142 children diverted from placement (increase of 27 calls over previous year with 12 additional cases diverted),

12 Interagency calls to identify options for non-Medicaid at risk children, and 24 placement calls for Statewide Inpatient Psychiatric Program (SIPP) and Specialized Therapeutic Group Homes (STGH)

- Participated in 5 statewide Child Welfare Work Groups. New Program Manager's focus for coming year will be integration
- Created Child Welfare parent survey that assesses unmet needs and identifies system improvement and "Youth At Risk Staffing Process Models" that link high risk youth to community resources and divert from deep end care
- Used \$472,283 for private residential non-Medicaid placement services
- FIT (Family Intensive Treatment) teams met all deliverables

Adult System of Care

- Care Coordination key to maximizing resources by monitoring service access and assuring clinical appropriateness. Focusing on "High Need/High Utilizers", individuals realize improved outcomes, reduced readmissions, and reduced care costs. Conducted 681 consumer resource calls for linkage to community resource, developed Non Priority/Priority Call tool for tracking and trending, and resolved 59 consumer complaints.
- CFBHN has lowest rate per 1000 in Florida State Hospitals. FACT served 148 "new" clients with yearend census at 99.6% capacity, implemented computerized process for monthly FACT Team reports, facilitated monthly State Hospital discharge planning calls with 38% of admissions diverted, implemented new client interview process, and trained teams on role and purpose of Peer Specialist.

Prevention

- Lisa Jones, Program Manager, provided KIT training to providers and ME managers. Worked with coalitions to increase numbers served using evidenced based practices. Is Prevention Partnership Grant Review Team member.

Quality Improvement

- Improved SharePoint site organization making it more "user friendly" for subcontractors and CFBHN
- Developed monitoring systems to reward subcontractors based on performance in full reviews, limited, modified limited and a "skip" year
- Provided training to subcontractors on TANF, Pregnant Women and Prevention services
- Revised scoring and monitoring tools to include "service bundling"
- Sponsored NIATx training to improve process efficiencies and produce cost savings
- Surveyed subcontractors after monitoring visits for improvement feedback
- Launched monitoring tool quality initiatives to get baseline information on items like integration of behavioral and primary healthcare



2015 – 2016 Annual Report

CFBHN is a not for profit 501 (c) (3) community services network and the only CARF International Accredited Services Management Network in Florida*. CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region and Circuit 10. The geographic service area includes the following fourteen counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services include: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

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** CARF is the Commission on Accreditation of Rehabilitation Facilities*



Collaborating for Excellence

"Central Florida Behavioral Health Network provides the right service, at the right time in order to save lives and ensure we have healthy communities."

Linda McKinnon, President & CEO



We are pleased to present our 2015-2016 Annual Report to the community.

This past year CFBHN provided direct treatment services for 113,683 individuals and prevention services for 1,862,595. But that tells only part of the story. So many others were impacted through provision of these vital, life changing services – children, families, and communities. Our video

series Recovery Programs and Recovery Points graphically tells stories like a single woman struggling through addiction who made the decision to keep her child and is now a business owner and recipient of a Habitat for Humanity House, those that found work experience, support and success at Vincent House's "Recovery through Work" program rather than dropping out of society and making an impression on the living room couch, or young people in transition who are "Bent not Broken" in an innovative Healthy Transitions program.

CFBHN is proud to be an innovative organization that brings high quality services to meet the needs of fragile lives. In that vein, CFBHN staff stepped up and were active participants in statewide system development work groups that focused on critical need areas like Information Technology, Care Coordination and Child Welfare Integration. Final products from these workgroups became instrumental in informing legislation that was passed into law in 2016. These laws will improve the system of care and positively impact service delivery to Floridians in need for years to come.

Also, early in 2016, a Statewide Steering Committee was convened to review and recommend system wide changes in response to Governor Rick Scott's Executive Order. The Executive Order called for a comprehensive review of publically funded service delivery with the goal to develop a statewide model for a coordinated system of behavioral healthcare to be integrated across multiple funding streams. At the request of DCF Secretary Mike Carroll, I served as Co-Chair of the Committee and recommendations were submitted to the Governor in June 2016.

The Florida Association of Managing Entities (FAME) continued to work diligently to better align ME processes, data collection, system development, education, and advocacy across the state. CFBHN is proud to be an active partner in the association as we continue to make strides.

Please feel free to contact me with your feedback and comments. I can be reached at lmckinnon@cfbhn.org. As always, I welcome your input.

Linda McKinnon, President & CEO

The Honorable Paula S. O'Neil, Ph.D. Chair



It has been a sincere pleasure to observe CFBHN providers deliver services that truly make a difference as they meet critical needs in our 14 counties. Their dedication is seen daily touching lives, changing perspectives, and restoring hearts. Value-driven integrated services managed by CFBHN illustrate core values of innovation, agility, inspiration, and accountability. These values are

demonstrated daily by courageous providers and their teams as they employ the professionalism needed to combat mental illness that 20% of our population experience in a given year (National Institute of Mental Health, 2015). Research also shows that a significant number of persons also experience homelessness (US Department of Housing and Urban Development, 2011) and incarceration (Glaze, 2006; Treatment Advocacy Center, 2017). This takes a toll on families, friends, and communities. I am grateful to the professionals who work at CFBHN, the Board Members, and CFBHN Providers in the trenches every day, all of whom are committed to making every dollar count toward treatment of this societal problem.

This dedication was demonstrated when the Board of Directors made the decision to forego distribution of the 2016 Financial Incentive Awards due to the substantially negative impact of budget cuts to federal block grants. Nonetheless, providers were recognized and applauded at The Meadows, October 21, 2016, at the annual 5 Star Performance Award Recognition Luncheon.

Additionally, the CFBHN Board of Directors was recognized by the Tampa Bay Business Journal as 2016 Outstanding Directors. The makeup of CFBHN's Board of Directors is both diverse and expansive, including a wealth of knowledge second to none. It is an honor to serve with each and every one.

Looking toward 2017, we face continued funding challenges, but I am confident we have the skill set to conquer concerns and provide extraordinary community service.

Pele said, "Success is no accident. It is hard work, perseverance, learning, studying, sacrifice, and most of all, love of what you are doing." I am grateful that our team of board members, staff members, and providers LOVE what they do!

The Honorable Paula S. O'Neil, Ph.D. Chair.

Glaze, L.E. & James, D.J. (2006). Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report. U.S. Department of Justice, Office of Justice Programs Washington, D.C. Retrieved March 5, 2013, from <http://bjs.ojp.usdoj.gov/content/pub/pdf/mhp/pji.pdf> - See more at: <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers#sthash.x9VTIR3W.dpuf>, National Institute of Mental Health. (2015). Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved October 23, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>, Treatment Advocacy Center. (2017). Evidence and Research: Fast Facts. Retrieved from <http://www.treatmentadvocacycenter.org/evidence-and-research/fast-facts>, U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2011). The 2010 Annual Homeless Assessment Report to Congress.

Vision

Central Florida Behavioral Health Network, Inc. envisions communities where wellness and integrated healthcare enhance the whole life of every community member.

Mission

Central Florida Behavioral Health Network, Inc. is a cost conscious integrator of high quality behavioral and whole health systems and a recognized innovator in creating community solutions.



Community Focus..

Individual Res

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities, and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually lead to new goals and opportunities.

Accountability: We commit to the maximization of all resources with which we are entrusted.

\$176,586,788
TOTAL CONTRACT FUNDS

98.5% | Expenditure
Rate on Services

113,683
Numbers Served in Treatment

1,862,595 | Numbers Served
in Prevention

Guiding Principles

We understand every community is unique. That is why we emphasize strengthening the existing system of care by working in true collaboration. Our integrated approach philosophy views a community's delivery of wellness and healthcare services holistically and seeks to ensure all parts of that delivery system are interconnected; balancing what is good for parts within the system as well as the community as a whole. High performing partnerships have historically been the driving core component of our success in delivering quality services. We routinely partner with those that share our commitment to constantly drive increasing levels of performance in order to attain community wellness goals that support integrated healthcare. We actively engage consumers and families to deepen our understanding of their expectations and to anticipate emerging needs. Finally we employ technology as a powerful tool for driving performance while above all delivering personalized care that is convenient, timely, and effective.

Current Snapshot

July 1, 2015, began CFBHN's sixth year managing the safety net system of care for substance abuse and mental health services funded through Department of Children and Families (DCF). Community voices continue to be heard and supported via Coalitions, Consortiums, and Regional Councils in all fourteen counties. CFBHN managed \$176,586,788 contracted through community organizations serving 113,683 persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services and reached 1,862,595 individuals through prevention. Contracted funds were efficiently and effectively managed at a 98.5% expended rate with a total administrative cost less than 4% – a good value for Florida taxpayers.

Linda McKinnon Represents CFBHN through Service

Linda McKinnon, President & CEO, was elected to the National Council for Behavioral Health Board representing the Southeast Region 4 (North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi and Tennessee). Her experience in the substance abuse and mental health field will help inform and guide local and national policy. She was also recognized for her influence and expertise here locally in the Tampa Bay area by the prestigious Tampa Bay Business Journal as 2016 Businesswoman of the Year finalist in the Non-Profit category.



Senate Bill 12 Provides a Roadmap for Better System Development in Florida

CFBHN leadership were requested to testify at multiple Florida Senate and House hearings related to Mental Health and Substance Abuse and had the opportunity to provide direct input and feedback in the crafting of Senate Bill 12 - the most substantial piece of legislation related to behavioral health to be passed in decades. Provisions in this bill include; standard requirements for care coordination for persons with high/need high utilization (HN/HU) of acute care services, community driven needs assessments, uniform processes for state hospital diversion, admission and discharge planning, annual review of administrative requirements and reporting, Managing Entity (ME) accreditation, standards for ME and provider procurement, requirements for all state agencies and Medicaid Plans to coordinate service delivery planning with MEs, provisions for MEs to request funds based upon identified community need, and a required recommendation for revenue maximization strategies to be submitted in late 2016. The bill substantially strengthens the roles of the ME in assuring community safety net services are both available and of high quality.

Florida Association of Managing Entities (FAME) identified a viable strategy this year designed to maximize the "draw down" of Federal funds while protecting funding for community safety net services. That strategy will be considered by the Florida Legislature during the 2017 session.

CFBHN and Vincent House Joined Together in an Innovative Private/Public Partnership

CFBHN entered into its first "Public/ Private Partnership" with Vincent House this year. The collaboration combines CFBHN resources with the philanthropy of Bob and Joan Geyer of Sunset Automotive Group. Longtime mental health advocates and Sarasota residents, the Geyer's contributed \$1.5 million in funding to build Vincent Academy, a "Recovery through Work" program for adults living with mental health challenges. The facility will be state of the art and offer education, community integration, skills training and career placement. Groundbreaking on the 8,500 square foot facility occurred April 14, 2016, with services scheduled to commence fall of 2016.



5-Star Performance Award Recognition 2015

Annually CFBHN contracted providers participate in a process that analyzes their performance by category according to a "Scorecard". In each category the highest performers are eligible to earn a performance incentive financial award. The total amount available for distribution in 2015 was \$400,000. Providers who earned performance awards were recognized at the Award Recognition Luncheon, October 27, 2015.

Event keynote speaker was DCF Secretary Mike Carroll. He shared; "I am so happy to have Central Florida Behavioral Health Network as our Managing



Entity and I think it is because of their willingness to partner, their willingness to be innovative and their willingness to get out of the box at times to make things happen. I also think it is because the provider network that is CFBHN is second to none."

A complete list of award recipients and a short video of the event can be viewed at www.cfbhn.org or through the link <https://vimeo.com/145877123>.

CFBHN Gives Back

CFBHN identified that many of the network's acute care units were in need of physical plant improvements and asked providers to submit their requests which totaled some \$1.5 million. Requests were prioritized to address safety concerns and CFBHN contributed \$350,000 to support much needed facility improvements throughout the network.

Connected! Engaged! Inspired! ~ Healthy Transitions is the "GO-TO" Program for Young Adults

Young adults age 16-25 came together and created a symbol for their program participation - one of hope, resiliency and strength. Here is what it means in their own words...

"We all have beautiful minds, and we all have been through some rough patches in life. But like a tree weathering a storm, we are bent, but not broken!"



Under the direction of CFBHN Senior Program Manager Dr. Tonicia Freeman-Foster, providers in Pinellas and Hillsborough County successfully launched this 5 year grant in fall 2015. Suncoast Center, 211, Hillsborough Kids and Crisis Center of Tampa Bay became fully operational and trained six staff to be Certified Advanced Wraparound Practitioners ~ 6 of 60 statewide! A total of 4,671 youth have been served year to date.

A well-executed communication plan got the message out to the community about this new program and engaged with youth in need. To really understand more about the program and the impact made on individuals check out the YouTube channel. There you can view the outreach commercial, the over-view program video as well as individual interviews and short stories. Go to www.cfbhn.org or CFBHN Healthy Transitions YouTube channel at https://www.youtube.com/channel/UCGTU1e_Yn7StN7fq6ZyQ9BQ

Consumer & Family Affairs Leads Recovery

The Consumer & Family Affairs (C&FA) department has never been more active. The dynamic duo of Director Carol Eloian and Beth Picora, Consumer & Family Specialist, serves not only the CFBHN region but the state of Florida and our nation in Washington. Both were leading subject matter experts for the Florida Recovery Oriented System of Care (ROSC) task force and the Department of Juvenile Justice benefited from their knowledge base on what works to engage with and divert juveniles from committing crimes. Carol continued the work she started with the Florida Certification Board by supporting training and development of Certified Peer Specialists statewide. Looking to redesign Drop-In center services, state representatives met with C&FA to tour CFBHN showcase facilities. As a member of the Project Launch Grant Infant/Early Childhood Team, C&FA focused on increasing family involvement and ensuring sustainability after grant completion. Through participation in Hillsborough PFLAG (formerly known as Parents, Families and Friends of Lesbians and Gays) service resource development, they meet the requirement of the Federal Block Grant for Cultural and Linguistic Initiatives. As active members of both the Florida Assertive Community Treatment (FACT) Advisory Council and the Family Intensive Treatment Team (FIT) Committee, their technical expertise fuels training initiatives that ensure individuals and family members have successful recovery journeys. Finally, giving back through training and teaching is a critical contribution to the system of care and is detailed in the bulleted section of this report.

Network Development & Clinical Services is Where the "Rubber Meets the Road"

Care Coordination and Child Welfare Integration were areas that received special focus this fiscal year. Care Coordination maximizes scarce resources by monitoring timely access to clinically appropriate services. Individuals with high needs and high utilization of services (HN/HU) and special populations, as defined by state and federal funders, were assisted by Care Coordinators to realize improved health outcomes while reducing the likelihood of readmission into acute care. This process also reduced overall cost of care over time. Care Coordinators achieved success by streamlining and monitoring the waitlist process, locating residential services, prioritizing special populations like pregnant female IV drug users as well as child welfare involved persons, and obtaining and evaluating detailed admission history to better facilitate placement solutions. For individuals who experienced extensive stays within the system, Care Coordinators collaborated for successful aftercare and stepdown planning as well.

Impressive results were realized. Approximately 68% of individuals in the program had previously accessed crisis mental health care two or more times in the 6 months prior to their admission into Care Coordination. Six months after discharge from successful Care Coordination services, less than 5% of the individuals had accessed any crisis service. Similar results were obtained for those accessing substance abuse detoxification services. Prior to Care Coordination, readmissions of twice or more were at 51%. Six months following discharge after successful Care Coordination that number was less than 6%. Dramatically, for children receiving crisis mental health services, the readmission rate was 42% six months prior to admission. With Care Coordination the rate dropped to less than 2.5% 6 months following discharge. CFBHN Chief Clinical Officer, Marcia Gonzalez

Monroe, also served as co-chair for the Florida Care Coordination Committee that ultimately produced the guidance document for implementation statewide.

Child Welfare Integration coupled with Prevention resources brought additional supports for troubled families into being. The growing prevalence of children entering the foster care system due to substance abusing parents is a nationwide challenge. CFBHN created new programs and recruited additional specialty providers to meet the local need. With our partners, CFBHN completed the Child Self Study Project in order to improve service delivery while also engaging all facets of the system. Rachel Brockhouse, Child Welfare Manager, was named among those recognized and presented with the Systems Changer Award for her work at the Child Protection Summit fall 2016.



Recovery Programs Joins Recovery Points to Tell Powerful Stories

Last year CFBHN launched the video series Recovery Points to tell the very personal stories of individuals who had benefited from the public safety net of care. These stories covered three distinct points in time that revealed how lives were impacted and changed for the better.

CFBHN knows that treatment and support works for individuals, families and communities. Results are seen every day. So, to complement the personal stories program, CFBHN developed a more in-depth look at how Recovery Programs are meeting needs in a variety of areas such as; substance abuse services, housing supports, prevention services, youth transitional services and the benefit of FACT services and Medicare Part D. All these stories can be viewed on the CFBHN website at www.cfbhn.org or on the CFBHN YouTube channel: <https://www.youtube.com/channel/UCCLfEaGFcH4CBpsKfgriYg>. Take a few moments to get to know some of your fellow Floridians and celebrate what a difference services have made in their lives.

We invite you to visit our website often at www.cfbhn.org, subscribe to our ENewsletters, and connect with us on social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2015-2016 Annual Report

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns.

Officers

The Honorable Paula O'Neil, PH.D. Chair, Community/Elected Official
Pasco County Clerk of the Court & Comptroller

Ray Gadd, Vice Chair, Community/Elected Official
District School Board Pasco County

Larry Lumpee, Treasurer, Community
Past Assistant Secretary for Department of Juvenile Justice/Retired CFBHN COO

Judy Turnbaugh, Secretary, Community/Family Advocate
National Alliance for Mental Illness (NAMI) Pinellas

Kevin Lewis, Quality Committee Chair/Community Advocate

Clara Reynolds, Provider/Regional Council Chair
CEO Crisis Center of Tampa Bay

Alison Salloum, Ph.D./Community
University of South Florida

The Honorable Craig Latimer, Immediate Past Chair, Community/Business
Hillsborough County Supervisor of Elections

Community & Stakeholder Directors

Susan Benton, Community/Law Enforcement
Sheriff Highlands County & Past President Florida Sheriff's Association

Josh Dillinger, Community Business Representative
GCD Insurance Consultant

Ray Fischer, Community/Community Based Care
Children's Network of Southwest Florida

Nancy Hamilton, Provider
CEO Operation PAR

Doug Leonardo, Provider/Receiving Facility
Executive Director Baycare Behavioral Health

Dr. Subhakararao Medidi, MD, Community/Public Health
Medical Director Suncoast Community Health Centers

Wendy Merson, Community/Private Receiving Facility
CEO Windmoor Healthcare

John H (Jack) Minge III, Provider/Regional Council Chair
CEO Coastal Behavioral HealthCare

Walter Niles, Community/Public Health
Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider/ Regional Council Chair
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
CEO Heartland for Children

Brena Slater, Community/Community Based Care
Sarasota YMCA/Safe Children Coalition

The Honorable Andy Swett, Judge/ Community
Lee County Justice Center

Dr. Alvin Wolfe, Community/Child Advocacy
Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Bridging Gaps with Management Solutions



Education and Advocacy

- Facebook Friends grow in number and reach through social media and expansion continued with launch of the CFBHN YouTube channel to distribute Recovery Points and Programs videos.
- Media communication educated the public via cable regarding proper RX Prescription Drug Disposal and the Good Samaritan law which resulted in 33,563,533 total network impressions as it directly supported Prevention Coalition messaging. Healthy Transitions used a variety of mediums for outreach including cable broadcast, billboards and in theatre messaging to generate a total of 8,338,935 impressions in the service counties.
- New educational materials were developed and senior staff shared this information with editorial boards and news outlets in Tampa, St Petersburg, Lakeland, Naples, Ft. Myers, Tallahassee, and Miami. This resulted in positive reporting on quality of community services and need for adequate funding to maintain the system of care.
- CFBHN led the development of a platform presented at legislative delegations statewide to educate that mental health and substance disorders are diseases of the brain, that stigma must be addressed, that Mental Health First Aid and Crisis Intervention Team (CIT) training are valuable tools for managing crisis situations, and the status of funding supporting the public system of care.
- CFBHN produced statewide reports identifying numbers of persons served, treatment outcomes, and associated costs highlighting the fact that MEs are a cost effective means to deliver community driven safety net services. Working collaboratively with the two professional trade organizations (Florida Alcohol and Drug Abuse Association/ FADAA and Florida Council for Community Mental Health/FCCMH), Florida Association of Managing Entities (FAME) presented these

findings to the legislature. This uniform messaging resulted in an additional \$75 million in behavioral health funding allocated by the 2015-2016 legislature ~ the first major infusion of new funding into the system of care since the 2003 closure of G Pierce Woods State Hospital.

- Marcia Gonzalez Monroe, Chief Clinical Officer and Doris Griggs Nardelli, Director of Communications presented workshops and posters at national and state professional conferences including; The National Council for Behavioral Health, Florida Behavioral Health Conference, Florida Juvenile Justice Association Annual Conference, and Florida School of Addictions. Linda McKinnon presented to the National Medicaid Congress.
- Published Annual Report and Compassion Fatigue Brochure, developed branded report templates, legislative toolkits, and Recovery Points and Recovery Programs videos.
- CFBHN named Finalist for Tampa Bay 2016 Non Profit of the Year.
- Linda McKinnon, President & CEO, was named finalist for Tampa Bay Business Journals 2016 Businesswoman of the Year.
- Board Service by CFBHN Staff; Linda McKinnon, President & CEO, serves as Board Chair of FAME, Board Member of FADAA and FCCMH and Executive Board Member of the Tampa Bay Regional Domestic Security Task Force Health & Medical Coalition. In 2016 she was elected to the National Council for Behavioral Health Board of Directors serving the Southeast, Region 4. Marcia Gonzalez Monroe is Board Member of the Florida School of Addictions. Doris Griggs Nardelli is Board Member of We Care of Central Florida, Polk State College Advisory Council, and NAMI Polk. Dr Tonicia Freeman-Foster, Senior Program Manager Health Transitions, is Board Member of the West Central Florida Ryan White Care Council. Armandina Shanahan, Clinical Program Specialist, is Board Member for Suncoast Community Health Center, a Federally Qualified Health Center.

Consumer & Family Affairs

- Established and supported Peer Council Support Networks assisting members in applying for certification while providing ongoing support to employees and volunteers. Focus includes stigma reduction while encouraging and fostering hope.
- Supported several grassroots National Alliance on Mental Illness (NAMI) local affiliates via Board and Committee service and training on signature evidenced-based programs.
- Grew staff capacity with Intentional Peer Support (IPS) and Wellness Recovery Action Plan (WRAP) facilitator training.
- Provided technical assistance to one of Florida's first Central Receiving Facilities implementing the Recovery Peer Specialist role based on Senate Bill 12 "No Wrong Door" model.
- Provided training to approximately 395 individuals; middle and high school student chapter members of "Health Occupations Students in America", Ombudsman Program for Area on Aging volunteers, law enforcement, Assisted Living Facility staff, Recovery Peer training, and WRAP training for subcontractor professionals and VA Center personnel.
- Assisted Hillsborough NAMI with first annual Recovery Walk garnering over 400 supporters.

Financial Management & Human Resources

- Converted to a new accounting system – Abila Mapping Information Platform (MIP).
- Enhanced the CAFÉ system to automate provider funding tools. Also provides the ability to process match and post award notices which reduced provider amendment processing times. Results included maximizing efficiency of CFBHN contract and financial management staff.
- Streamlined the contracting amendment process.
- Conducted subcontracted provider organization risk assessments which included an objective

Bridging Gaps with Management Solutions (continued)

and systemic approach to addressing financial stability within our provider network.

- Established a staff development philosophy “Together Everyone Achieves More” facilitating a 2-day retreat. This supports a core organizational requirement to ensure staff are highly motivated, innovative, and engaged to produce continued organizational excellence.
- HR negotiated employee health benefits from projected 20% increase to 0% saving \$90,389 annually.
- Created Electronic access for “Benefit Open Enrollment”. Result was less employee time spent in meetings and increased employee satisfaction concerning benefits knowledge.

Information Management

- Provider partners require access to the CFBHN data system for report availability. To eliminate any downtime, reporting services were relocated to offsite data partner at Peak 10.
- In order to identify specific individual services, two new data codes were added to the system – “Billed and Paid”. These codes improved accounting for all billed services.
- With a goal to improve efficiency, CFBHN Contracts and IT teams jointly developed a new application to collect provider organization’s performance measures and share information in an “On Demand” basis so providers can make adjustments as needed.
- Data analysis is a critical component of decision making. IT implemented enhanced file upload capability into the Central Florida Health Data System (CFHDS) ensuring accurate and timely data access.
- With the launch of Care Coordination, in-depth reporting for the HN/HU identified individual was critical. IT met the challenge to ensure collection of meaningful data while providing added reporting options.
- CFBHN launched a new electronic Risk Management System to replace a cumbersome manual system improving reporting and analysis capability.
- Smaller providers often lack necessary resources to invest in a certified Electronic Health Record (EHR) system. Because smaller “niche” providers are valuable contributors to the system of care, CFBHN worked with partner Askesis to develop and provide an affordable solution.
- To improve data collection intelligence, the Dashboard and Business Intelligence (BI) portals were redesigned to generate additional reporting capability. Provider partners are now better able to “drill down” into the data and more easily self-monitor their performance.

Network Development & Clinical Services

Prevention

- Deployed a number of new environmental strategies that reached 1,862,595 persons. Targeted prevention services for high risk families now include BAYS and Pace Center for Girls as new providers with Pace including prevention in their daily curriculums.
- The opioid crisis demanded ongoing efforts to reach all community segments in innovative ways.
- Over 90% of Prevention Providers and Coalitions met annual performance goal targets.
- Prevention and IT staff were instrumental at the state level in transitioning to a new database collection system that will serve to identify and spot statewide trends.

Child System of Care

- Three new Family Intervention Treatment (FIT) teams were awarded in Manatee, Pinellas and Hillsborough counties for a total of seven operational in the Network. Teams served 275 families with 72 successfully completing treatment and avoiding out of home placement for children.
- Eight Family Intervention Services (FIS) providers operated in the network and services were redesigned this year to better integrate with child welfare serving agencies while establishing uniform performance standards.
- A community wide “Youth at Risk” staffing process model was developed to identify and link high risk youth to community resources. CFBHN hosted 188 interagency “lock out” calls with appropriate stakeholders resulting in a diversion of 160 youth from out of home placement into child welfare.

Adult System of Care

- The 14 network FACT teams served 1544 persons including 149 new admissions comprised mainly of diversions away from and discharges out of state hospitals.
- Of 313 referrals for state hospital admission coming from the network’s 34 receiving facilities, 130 (42%) were successfully diverted to community programs like FACT, residential treatment, or other.
- CFBHN launched a refocus on use of residential beds for both state hospital diversions and discharges. Fourth quarter results show a 73% success rate for use of this valuable resource and it is anticipated the program will make an impressive impact next fiscal year.
- CFBHN was awarded funding to implement a “Voucher System” in Circuits 6 and 13. This funding will be used to transition FACT team members who are ready to “step down” and move into a less intensive service situation live successfully in their communities. This will in turn

increase FACT team openings for individuals requiring that level of care.

- CFBHN was responsible for coordinating over 400 discharge planning calls.
- Linked 1668 consumer resource calls to services or assisted with care coordination. All 37 consumer complaint calls were resolved satisfactorily.

Forensic

- Access to residential treatment for persons with a 916 commitment status was increased to serve 190 persons being diverted or released from Forensic State Hospitals ~ a 36% increase over previous year.
- 578 individuals were monitored on Conditional Release Orders.
- All persons successfully returned to the community within 30 days of meeting discharge status.
- Successfully scheduled follow-up appointments for 780 state prison releases at end of sentencing.

System of Care

- CFBHN was selected to participate in the development and implementation of national strategies to reduce psychiatric crisis readmissions and implement tobacco free treatment environments.
- Delivered 35 training opportunities to network providers and community stakeholders on; Evidenced Based Practices, Trauma Informed Care, Mental Health First Aid, NIATx Quality Improvement, Child Mental Health, Adult HN/HU, Federal Block Grants, Consumer & Peer Development, Family Support, and Services in Assisted Living Facilities.
- Launched quarterly “Secret Shopper Calls” to assure that network providers were meeting federal access standards while also enhancing consumer engagement. Shared the call results with providers and offered technical assistance whenever needed to improve service access.

Quality Improvement

- CFBHN advocated successfully to assure that all MEs are accredited by 2020. Through accreditation all seven MEs and their provider networks meet the highest standards for quality and safety.
- CFBHN successfully obtained third full Commission on Accreditation of Rehabilitation Facilities (CARF) 3-Year accreditation.
- The Consumer Satisfaction Survey submission process was automated and enhanced to include level of care received. This enabled CFBHN and the provider network to better identify services being evaluated by consumers. CFBHN received and processed 11,166 surveys noting an overall 92% General Satisfaction rating for the quality of care individuals received.

Thank you to Our Sponsors

Platinum Level \$ 1000 Plus

Lightwave	Greg & Kim Myers
TAI	
CFBHN Staff	Linda McKinnon, President & CEO Larry Allen COO Julie Patel CFO Heather Hains CIO

Gold Level \$500 to \$999

Bank of America	Jennifer Arrowsmith
GDC, Gionis Caulley & Dillinger	Josh Dillinger
Sthal & Associates	Ken Williams

Silver Level \$200 to \$499

Harriet Steinbracker



Five Star Performance Award Recognition Luncheon

October 27, 2015

IMG Academy Golf Club

4350 El Conquistador Parkway
Bradenton, Florida 34210



"Today we recognize and honor the 2014-2015 5 Star Performance Award Recipients. These organizations truly embody the belief that providing services to those in need ensures we have healthy communities. We are pleased that you have come to share in the excitement and inspiration of the moment, as these distinguished individuals accept recognition for their hard work and dedication."

~ Linda McKinnon, President & CEO



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Luncheon Schedule:

11:00	Registration and Meet & Greet
11:30	Luncheon Seating
	Welcome by Larry Allen, Chief Operating Officer CFBHN
	Opening Remarks by the Honorable Craig Latimer, Board Chair CFBHN
	Program Introduction by Linda McKinnon, President & CEO CFBHN
	Special Presentation "Recovery Points"
	Introduction of Department of Children & Families Special Guests by Linda McKinnon
12:00	Introduction and remarks by John Bryant Department of Children & Families
	Special Guest Speaker Secretary Mike Carroll, Department of Children & Families
12:30	Introduction of Dr Robert Nixon, Past Board Chair CFBHN by Linda McKinnon
12:45	Presentation of Awards by Linda McKinnon and Kevin Lewis Quality Improvement Committee Chair CFBHN
1:30	Special Awards to Board members by Linda McKinnon
	David Beesley
	Dr Robert Nixon
	Mary Lynn Ulrey
	Honorable Craig Latimer
1:45	Special Announcement of Public Private Partnership by Larry Allen
2:00	Closing Remarks by the Honorable Paula O'Neill, Incoming Board Chair CFBHN

Five Star Performance Award Recipients

Group One

Drug Free HighlandsAisha Alayande, Executive Director & Kelly Johnson, Fiscal Agent
Drug Free Hardee..... Maria Pearson, Executive Director & Amy Drake, Financial
Manatee County Substance
Abuse Coalition.....Sharon Kramer, CEO Rita Chamberlain, CFO
Lee County Coalition for a
Drug Free SW Florida..... Debra Comella, Executive Director & Finance Officer
HCADA (Hillsborough County
Anti Drug Alliance Cindy Grant, Executive Director & Kevin Drake, Financial
HCDAA (Desoto County CoalitionAsya Shine, Program Coordinator & Financial
Drug Free Hendry County Mary Prouty, Program Manager & Financial
Drug Free CollierMelanie Black, Executive Director & Financial
Drug Free Charlotte County..... Diane Ramseyer, Executive Director & Bill Janes, Financial
Hope Clubhouse.....James Wineinger, CEO
Vincent House William McKeever, Executive Director

Group Two

Crisis Center of Tampa Bay Clara Reynolds, CEO & Sunny Hall, CFO
Operation PAR, Inc.
(Pinellas County Coalition) Nancy Hamilton, CEO & Amy Scholz, CFO
First Step of Sarasota, Inc.
(Sarasota County Coalition) David Beesly, CEO & Brenda Asher, CFO
Youth and Family Alternatives, Inc.Mark Wickham, CEO & Kim Hamm, CFO

Group Three

Project Return, Inc..... Natalie Michaels, CEO & Madeline Ercolano, CFO
Lutheran Services Florida, Inc..... Sam Sipes, CEO & George Wallace, CPA
Lee Memorial Health Systems
d/b/a Lee Memorial Hospital.....David Harrod, CEO & Ben Spence, CFO

Group Four

Suncoast Center Inc. Barbara Daire, CEO & Kevin Driscoll, CFO
Volunteers of America Florida, Inc..... Janet Stringfellow, CEO & Ray Tuller III, CFO
Hanley Center Foundation, Inc.....Kae Jonsons, CEO & Dathan Griffiths, CFO
Jewish Family & Children's Services
Sarasota-Manatee, Inc. Rose Chapman, CEO & Jeff Rohleder, CFO

Group Five

Charlotte Behavioral Health Care Inc. Jay Glynn, CEO & Derek Rogers, CFO
Manatee Glens Corporation Mary Ruiz, CEO & Sean Gingras, CFO
Tri-County Human Services, Inc..... Robert Rihn, CEO & Arlene Venezia, CFO



FACT: Florida Assertive Community Treatment

It is well recognized that Assertive Community Treatment (ACT) is a successful model that supports recovery in the community for severely and persistently mentally ill individuals and dramatically reduces the need for crisis care and hospitalization. Florida has branded their approach FACT for the "Florida" model. Once thought to be a lifetime service, CFBHN (the regional Managing Entity) pioneered the concept of "Graduation". Individuals are engaged in the concept upon admission and then provided services they need to allow for a more full integration into the community using natural supports. Now, more individuals than ever before can be served using fixed funding. CFBHN currently manages fourteen teams in the Suncoast Region and Circuit 10.

“Community Focus..... Individual Results”

Primary Focus

The primary focus of FACT is to provide services that will sustain and support individuals who are coping with severe and persistent mental illnesses, and possibly co-occurring disorders, so they can reduce or eliminate crisis care as well as repeated hospitalization. The multidisciplinary FACT team provides services based on a personalized plan of care to individuals residing in their own communities.

The program model evolved out of the work led by Arnold Marx, M.D. and Mary Ann Test, Ph.D., on an inpatient research unit of Mendota State Hospital, Madison, Wisconsin, in the late 1960's. Their research found that recovery results of hospital-bound clients were successful due to 24/7 ongoing care, support and treatment. However, once clients moved back into their community, recovery efforts digressed due to the lack of ongoing support. In 1972, the researchers moved hospital ward treatment staff into the community to test their assumption and thus launched PACT (www.nami.org). There are now many such teams and programs across the country and they operate under a variety of names.

The first Florida Assertive Community Treatment (FACT) team was funded in 2000 at \$1,254,000. Of that amount, \$254,000 was allocated for unfunded client needs. Now, 15 years later, the funding allocation from the state legislature remains the same and there are a total of 32 Florida teams with each serving a maximum of 100 members at any given time. Fourteen of those teams operate in the SunCoast/Circuit 10 Region and are managed by CFBHN.

Although a FACT team has a primary county assignment, their members often chose to live outside of that primary county and FACT continues to serve the person unless the member's resident county is a considerable distance from the FACT team location. For example, FACT teams in Pinellas, Hillsborough and Pasco have members that live in each of those counties.

Admission Criterion

To be admitted onto a FACT team a person has to have one of the following diagnosis categories:

- Schizophrenia or other Psychotic Disorders (295 series)
- Mood Disorder (296 series)
- Anxiety Disorder (300 series)
- Personality Disorder (301 series)

Additionally, they must meet one of the following six criteria:

- Demonstrate a high risk for hospital admission or readmission
- Have prolonged inpatient days (90+ within one calendar year)
- Have repeated (three or more per calendar year) local criminal justice involvement
- Have been referred for aftercare services by one of the state correctional institutions
- Referred from an inpatient detox unit and have a documented history of co-occurring disorders
- Have repeated admissions (three or more per calendar year) to a crisis stabilization unit (CSU)

They must also meet at least three of the following characteristics:

- An inability to consistently perform ADL (Activities of Daily Living) skills or fail to perform them without significant support or assistance
- An inability to be consistently employed (at a self-sustaining level) or be unable to consistently carry out a homemaker role
- Be unable to maintain a safe living situation
- Have a co-occurring substance use disorder (for 6 or more months)
- Have a high or a recent criminal justice history
- Have coexisting mild mental retardation
- Exhibit destructive behavior to self or others

Referral Process

Individuals are referred to the FACT team if they meet admission criteria and are prioritized based on the following:

- They are being diverted from a civil state hospital admission
- They are being discharged from a civil state hospital in Florida
- They are a child who is “aging out” of the Children’s Mental Health System
- They have been a “High Utilizer” of the public CSU system and this fact is negatively impacting their life

FACT Services

Services will include the provision of the specified mental health treatment, rehabilitation and support services as well as competency training for individuals adjudicated incompetent to proceed and such other medical, vocational, social, and educational and rehabilitative services the person's condition requires to assist in successful community living.

The following are services all FACT teams must provide:

- Crisis assessment and intervention
- Comprehensive assessment
- Illness management and recovery skills
- Individual supportive therapy
- Substance abuse treatment
- Employment services
- Side-by-side assistance with activities of daily living
- Intervention with support networks (family, friends, landlords, neighbors, and others)
- Support services, such as medical care, housing, benefits, and transportation
- Case management
- Medication prescription, administration and monitoring

The FACT team is available to provide treatment, rehabilitation and support activities seven days per week with two overlapping shifts and operate a minimum of twelve hours per day on weekdays and eight hours each weekend day and every holiday. They have the capacity to provide multiple contacts per week to persons experiencing severe symptoms or significant problems in daily living. These contacts may be as frequent as two to three times per day, seven days per week, depending on need.

FACT Team Staffing Pattern

The minimum staffing configuration for a team in Florida is:

- A mix of individuals with clinical and rehabilitative training and experience but 80% of all staff must be mental health professionals with one full time team leader.
- An 80% full time psychiatrist or ARNP for every 100 members
- At least one Florida licensed Registered Nurse must be on duty each workweek day defined as Monday through Friday.

- At least one or more staff serving as an employment specialist
- At least one or more staff with training and experience in providing substance abuse services
- At least one peer specialist
- At least one program assistant
- No more than 12.3 staff may be employed with FACT funding

Discharge Criterion

Individuals can stop receiving services for a variety of reasons. Discharges from FACT may occur when individuals meet one of several criteria;

- Moving outside the geographic area of responsibility of the FACT team
- Moving outside the state of Florida (persons are not administratively discharged until a period of sixty days have passed and efforts to link to mental health services will be documented in the record)
- Person requests a discharge (they can rescind their request up to forty-five days and services will resume)
- Person has been admitted to a state mental health treatment facility and has remained in the facility for more than a year and it has been determined there is no anticipated date of discharge
- Person has been adjudicated guilty of a felony crime and has been sent to state or federal prison for a sentence that exceeds one year
- Person is a resident of a skilled nursing facility and will not be returning to the community (FACT waits thirty days)

The most preferable discharge is based on the demonstrated ability of the person to perform on a continued basis in major role areas (work, social, and self-care) without requiring assistance. This is the core basis for the “Graduation” concept pioneered by CFBHN. Where once FACT was thought to be a service for life, it is now possible to work towards a recovery that offers a person a better life.

Joy’s Story

I was molested when I was about 5 or 6 years old. Although the man was stopped, I was left feeling that I was a very bad little girl since that is what he told me I would be if anyone found out. By the time I was 8 or 9 I had begun self-injury and was hearing voices telling me to injure myself. I would stand by the road and run out in front of cars at the last minute – then the voices would stop for a time. At twelve I made the first attempt on my life and then started seeing a therapist. After graduation I spent most of the next year and a half trying to attend college but this was complicated by repeated hospital admissions where I received ECT treatments. Through staying in a group home for a short period of time I was able with intensive therapy to recover enough to move to Tampa. I met my husband of 38 years there and our family now consists of two children and two grandchildren.

However, in 1994 the voices and depression returned and I was admitted to the CSU about 3-4 times a year for a month or more. I was even admitted to the state hospital twice until January 2002 when I was sent to a community short term residential treatment unit. Things then began to change. I was very surprised when my therapist told me I had to make some progress. Over the course of the next year I covered many of the problems that had complicated my life including over 40 years of very self-destructive behavior. My therapist worked very hard with me and continued to do so when I was transferred to a Group home and then supervised apartments. The therapy I received and the groups I attended restored hope, responsibility and accountability for me and gave me control over my life again.

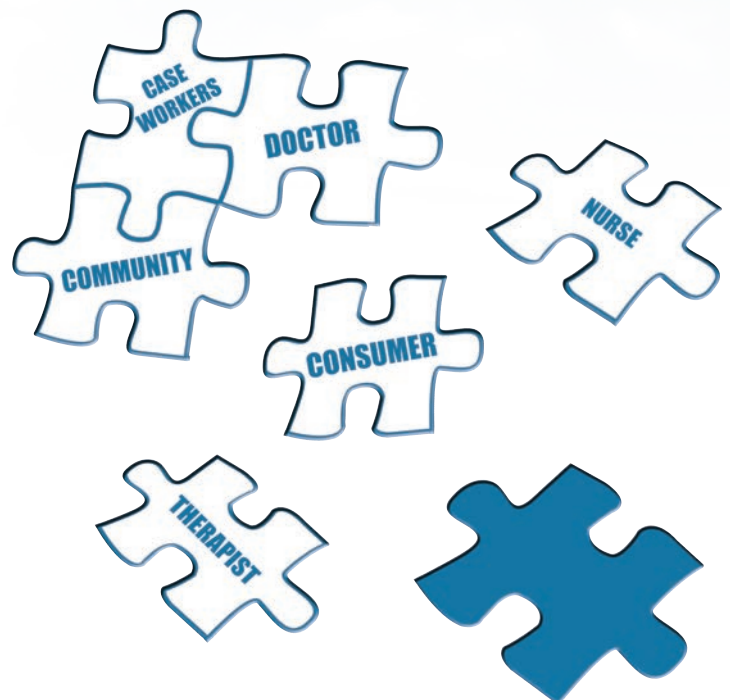
When I returned home I was asked to join a new advisory council being started by the community health center. I and another person launched a support group and I discovered NAMI (National Alliance on Mental Illness) a grassroots organization that provides free training on mental illness. Also at this time the Peer Recovery initiative was just getting started and I became a Certified Peer Recovery Support Specialist as well and began working in the field. For my work I received the Peer Specialist of the Year award from the statewide professional organization Florida Council on Community Mental Health in 2010. In 2011 I also received the Able Trust Award for Adult Leadership. I continue to be employed by the community mental health center as a Certified Recovery Peer Specialist and serve as Vice President of the local NAMI chapter. I am a state Trainer for the In Our Own Voice program, a mentor (instructor) for the Peer to Peer program, a trained member for Provider program team, and a Connections support group leader.

I wish there had been a FACT team available for me earlier in my life. I know from having worked for the FACT team as a Peer Specialist what a difference it can make. I believe I could have achieved recovery much sooner had I been able to take advantage of those services.

Measurable Results

CFBHN's work with the FACT concept to incorporate into the system of care as an essential service in the continuum as well as development and implementation of the “Graduation” concept has resulted in very dramatic results. Lessons learned include the sense of empowerment an individual experiences when they have real hope supported by a workable plan. Countless life success stories have resulted – especially for younger team members. Some other very tangible benefits include:

- ✓ Increased admission of 140 individuals annually into the CFBHN network through use of the “Graduation” concept
- ✓ Reduced use of costly residential services by over 50% by redeploying savings to less costly housing options
- ✓ Reduced state hospital admissions by 40% last year through use of diversion screenings
- ✓ Realized a \$7,000,000 cost savings via the state hospital admissions diversions



Central Florida Behavioral Health Network, Inc. (CFBHN) is a not for profit 501 (c) (3) community services network incorporated in 1997 as a collaboration of Hillsborough County Florida substance abuse providers. CFBHN is the largest and one of the oldest Florida Managing Entity organizations. ME's are responsible for developing and managing a system of care for publically funded safety net services through a contract with the Department of Children & Families, Substance Abuse and Mental Health Program Office. As an ME, CFBHN contracts with local community organizations to provide services in a fourteen county geographic area. Range of services includes acute care, residential treatment, housing, medical, intervention, outpatient and recovery support. Substance abuse prevention services are also provided for at-risk children and adults. CFBHN is the first Florida CARF* accredited Services Management Network. CFBHN also manages a variety of local and federal service contracts that support and complement the DCF contract and the community system of care. *Commission on Accreditation of Rehabilitation Facilities

Vision

Central Florida Behavioral Health Network envisions communities where wellness and integrated healthcare enhance the life of every community member.

Mission

Central Florida Behavioral Health Network designs and manages value-driven integrated systems of specialty healthcare services.

Values

Innovation: We commit to provide creative and breakthrough solutions for our communities.

Agility: We commit to use our capacity for rapid change and flexibility to quickly produce desired results.

Inspiration: Curiosity, a willingness to embrace possibilities and a commitment to meaningful change are the hallmarks of our work. Learning and sharing of knowledge continually leads to new goals and opportunities.

Accountability: We commit to the maximization of all resources with which we are entrusted.



Business Development & Marketing • Consumer & Family Affairs • Financial Management • Information Management • Network Development & Clinical Services • Quality Improvement



Florida Assertive Community Treatment (FACT)



A Guide for Family Members and Other Supporters of a FACT Team Client



Carol Eloian BA, CRPS-F
Consumer and Family Affairs Liaison
2014

Collaborating for Excellence

What is FACT?

Program of Assertive Community Treatment (PACT) is a comprehensive, community-based treatment, service delivery model provided to people who have been diagnosed with a severe and persistent mental illness (i.e. schizophrenia, schizoaffective disorder, or bi-polar disorder). This program model evolved out of the work led by Arnold Marx, M.D., and Mary Ann Test, Ph.D., on an inpatient research unit of Mendota State Hospital, Madison, Wisconsin, in late 1960s.

Their research found that Recovery results of hospital-bound clients were successful due to 24/7 ongoing care, support and treatment. However, once the clients moved back into their community their recovery efforts digressed for the lack of ongoing support following discharge.

“In 1972, the researchers moved hospital-ward treatment staff into the community to test their assumption and, thus launched PACT.” (National Alliance on Mental Illness (NAMI), www.nami.org) “Not only does NAMI use PACT and ACT interchangeably, but PACT or ACT is also known by other names across the country. For example the ACT program is known as,

- ◆ Community Support Programs (CSP); Wisconsin
- ◆ Mobile Treatment Team (MTT); Rhode Island & Delaware
- ◆ Program Assertive Community Treatment (PACT); Virginia

- ◆ **In Florida the PACT/ACT is known as Florida Assertive Community Treatment (FACT)**
 - ◆ First team was funded in 2000 at \$1,254,000. Of that amount \$254,000 is used for unfunded client needs. The funding remains the same for the last 14 years.
 - ◆ Currently there are 32 teams in Florida. Each team serves a maximum of 100 members.
 - ◆ Fourteen (14) of the 32 teams are contracted to serve clients that meet the admission criteria and the referral process under the Managing Entity, Central Florida Behavioral Health Network (CFBHN) in Pasco, Pinellas, Hillsborough, Polk, Hardee, Highlands, Manatee, Sarasota, Charlotte, Desoto, Lee, and Collier, Hendry and Glades.

How did my loved one become eligible for a Team, and how long will my loved one receive this service?

Referral Process:

Referrals are prioritized for FACT teams under Central Florida Behavioral Health Network (CFBHN):

- ◆ Diversion from Civil State Hospital admission referred by CFBHN (Under a BA-8 or Voluntary to STF)
- ◆ Discharge from Civil State Hospitals in Florida
- ◆ Children “aging out” of the Children’s Mental Health system
- ◆ Individuals that have High Utilization of PUBLIC CSU’s that is negatively impacting the individual’s life
- ◆ Other referrals



Admission:

Your loved one would have to have **ONE** of the following diagnosis categories:

- ◆ Schizophrenia, other Psychotic Disorders (295 series)
- ◆ Mood Disorders (296 series)
- ◆ Anxiety Disorders (300 series)
- ◆ Personality Disorders (301 series)

Additionally, must meet ONE of the following SIX criteria:

- ◆ Demonstrate a high risk for hospital admission or re-admission – Prolonged inpatient days (90+ within one calendar year)
- ◆ Repeated, 3+ episodes per calendar year, local criminal justice involvement
- ◆ Referred for aftercare services by one of the states correctional institutions
- ◆ Referred from an inpatient detox unit and documented history of co-occurring disorders
- ◆ Repeated, 3+ admissions within one calendar year, to a crisis stabilization unit

Meet at least THREE of SIX of following characteristics:

- ◆ Inability to consistently perform ADL skills or failure to perform them without significant support/assistance
- ◆ Inability to be consistently employed (self-sustaining level) or inability to consistently carry out the homemaker role.
- ◆ Inability to maintain safe living situation.
- ◆ Coexisting **substance use disorder** (6+ months).
- ◆ High or recent **criminal justice history**.
- ◆ Co-existing **mild mental retardation**.
- ◆ **Destructive behavior** to self and others.

Discharge:

Your loved one may be discharged when he/she meets one of the following criteria:

- ◆ The person moves outside of the geographical areas of the FACT team's responsibility.
- ◆ The person moves out of the state of Florida.
- ◆ The person demonstrates an ability to perform on a continued basis in major role areas (work, social and self-care) without requiring assistance from the program.
- ◆ The person requests discharge, despite the team's repeated efforts to develop a recovery plan acceptable to the person served by the team.
- ◆ The person has been admitted to a state mental health treatment facility and remained in such facility for period exceeding one year and after direct consultation with the individual's treatment team at the facility, it has been determined that there is no immediate, anticipated date of discharge; or the person has been adjudicated guilty of a felony crime and subsequently sent to state or federal prison for a sentence that exceeds one year or is in a skilled nursing facility and it is determined that return to the community is not possible due to the clinical needs of the individual served.



The Managing Entity Model Crossing the Broad Spectrum with a Community Focus

State funding authorities across the nation continue to grapple with how to best manage and account for public funds while ensuring delivery of quality services to growing and needy populations. A proven answer lies in the Florida Managing Entity model, which has made use of non-profit management organizations that have shown their ability to; build consensus, employ collaborative techniques, make good use of data to drive decision making and can implement best practice models that focus on unique community needs. The CFBHN experience can be replicated in both urban and rural settings and provides a solid platform for integration of behavioral and primary healthcare.

Collaborating for Excellence

Primary Focus

CFBHN's primary focus is to develop and manage a community based safety net system of care that provides a continuum of services to sustain and support individuals coping with mental illnesses, substance use and abuse, and co-occurring disorders. This is done through six functional departments: Business Development & Marketing, Consumer & Family Affairs, Financial Management, Information Management, Network Development & Clinical Services and Quality Improvement.

Responsible for fourteen counties in Central Florida, CFBHN serves over 120,000 persons annually in treatment and over 185,000 in prevention services. The focus is on promoting use of Evidenced Based Best Practices and matching severity of illness to intensity of service – all while reducing system costs. CFBHN has piloted innovative programs in care as well as developed IT solutions that have driven performance and improved outcomes.

For example, one of the most significant programs developed by CFBHN is Care Coordination (CC) which is based on the Comprehensive, Continuous, Integrated System of Care (CCISC) model pioneered and perfected by the internationally renowned Ken Minkoff, MD and Chris Cline, MD and MBA. Increased treatment capacity throughout the network has shown impressive growth and delivery of behavioral health services has been transformed. CC reduces the possibility a person will receive redundant or conflicting treatment and incorporates best clinical research options. Protocols ensure open lines of communication for everyone in the individual's plan of care – appearing “seamless” to the consumer. Consumers are able to focus on recovery while CFBHN manages process issues. CFBHN's robust and dynamic IT infrastructure provides in-depth data collection that is carefully analyzed so any changes required are

“Community Focus..... Individual Results”

proactive rather than reactive. Results are used to identify and act on quality improvement opportunities. The mantra is “the right service, at the right time, for the right duration and frequency required.” See CFBHN's Care Coordination brochure for more detail.

Florida Managing Entity Facts

There are currently seven ME's statewide who administer, manage and ensure accountability of public funds dedicated to the support of Florida's public behavioral health needs. Their mission is to provide the highest quality of care for persons in need of mental health and substance abuse services and who have no other payer source. These essential services help fellow Floridians rebuild their lives and become productive.

The Florida Legislature authorizes ME's and this makes us the first state in the nation to build this new management system. Implementation has brought BIG positive changes including:

- Duplication elimination, improved efficiencies and local control
- Funding matched to performance
- Smarter system development which has opened lines of communication and leveraged work with nontraditional partners like child welfare, law enforcement and veteran's groups

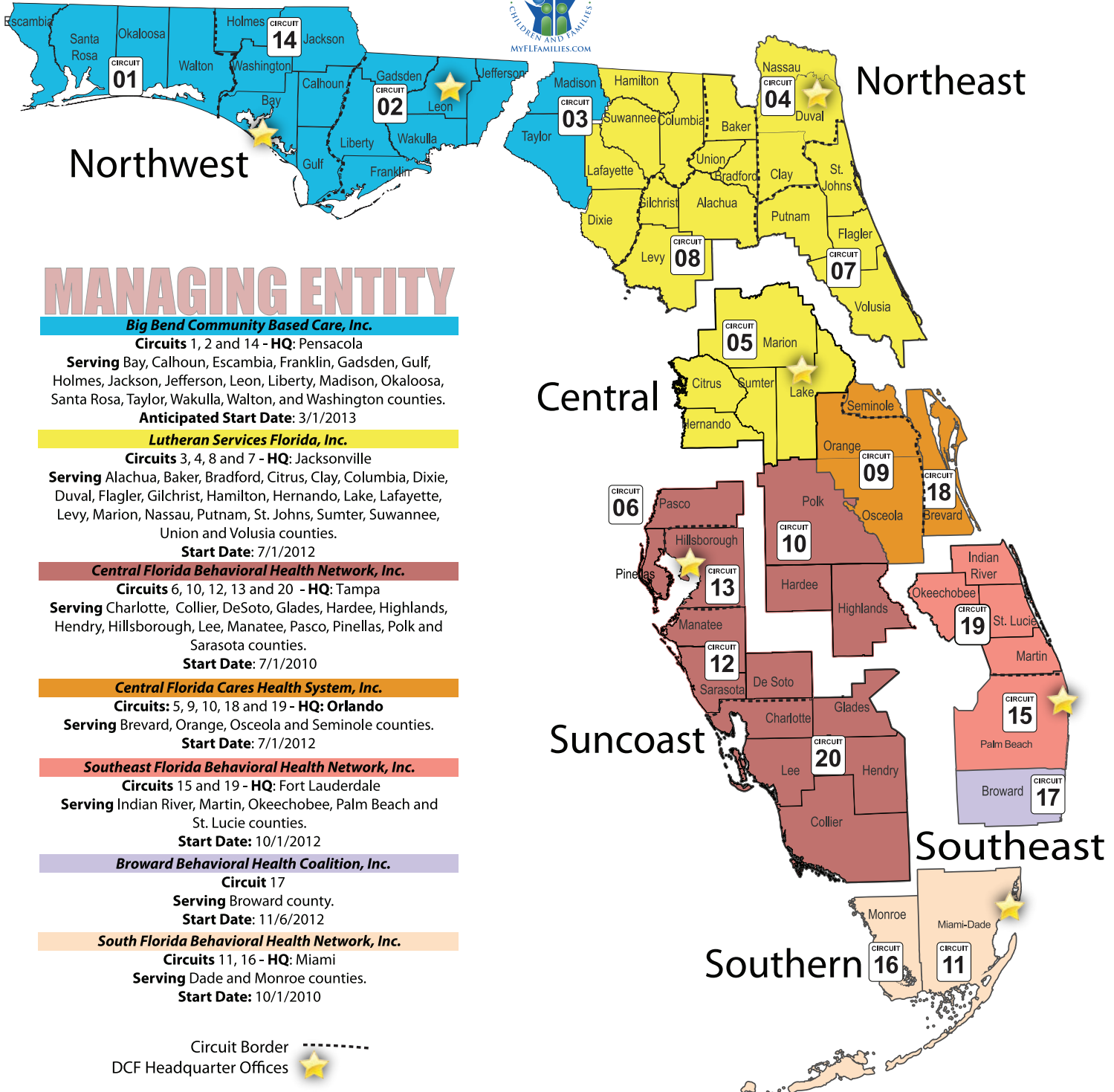
The CFBHN Story

Incorporated in 1997, CFBHN was created to pilot a not for profit alternative to effectively manage behavioral healthcare. In 2005 CFBHN began managing all substance abuse treatment and prevention funds for the Department of Children & Families (DCF) in the SunCoast Region and was also awarded the management of the \$17,000,000 Access to Recovery Grant.

In 2011 CFBHN was awarded the DCF Managing Entity contract which included mental health funding. This contract was expanded in 2012 to include the Circuit 10 counties of Polk, Highlands and Hardee. What began

as a collaboration of local Hillsborough County Florida substance abuse providers is now one of the largest and most experienced Managing Entity organizations in Florida.

The CFBHN vision is simple – communities where wellness and integrated healthcare enhance the life of every citizen, especially those coping with debilitating illnesses. Core areas are Adult Mental Health, Adult Substance Abuse, Children's Mental Health and Children's Substance Abuse in a myriad of individual programs. Every recovery is important as the ripple effect touches not only the individuals affected by the illnesses but also their families and communities.



Key steps in replicating CFBHN's success is forming close working relationships with all partners and truly developing "A Listening Ear". Paying attention to fiduciary responsibility is crucial and building an IT infrastructure that can handle the load while operating in real time is critical to effectively managing growth and achieving efficiencies. And since Florida operates "In the Sunshine" it must all be done transparently.

Florida Tax Watch Says ME's A Great Value for Florida

Florida TaxWatch



"Ensuring that the delivery of government services is efficient and effective is a core function of Florida TaxWatch. Along with promoting and protecting budget integrity, improving taxpayer value and government accountability, and educating citizens on the activity of their government,

analyzing government service delivery models is the mission of Florida TaxWatch as a nonpartisan, nonprofit public policy research institute," says President & CEO Dominic M. Calabro.

The recently completed report dated March 2015, details their research and analysis of Florida's Behavioral Health Managing Entity system finding it a good model for delivering services. Their complete report can be found at floridataxwatch.org.

CFBHN Measurable Results

- ✓ Excellent steward of public funds enjoying perfect audits with an expenditure rate of 99.99% of all allocated funds
- ✓ Increased numbers served annually on flat allocations while decreasing administrative costs from 14% of total funding to less than 3.5% – without sacrificing quality
- ✓ CFBHN is Florida's first and only CARF accredited Services Management Network maintaining quality standards. Based on solid performance record, CFBHN received an automatic three year renewal on first application in 2009
- ✓ Reduced reliance on deep-end costly service by increasing community capacity to provide effective and less costly service – savings to state hospital system alone exceeded \$7,000,000 in 2014
- ✓ Crisis Stabilization Unit (CSU) readmissions within 30 days are below 10% largely due to Care Coordination for persons meeting High Need/High Utilization criteria
- ✓ Increased network and system capacity to serve high risk families and those involved in the Child Welfare System by targeting funding and developing highly responsive IT solutions that identify and prioritize referrals thereby expediting service access
- ✓ Actively engage communities and stakeholders in determining needs and providing system oversight through a structured approach
- ✓ Increased opportunities for recovery through development of Club-houses, Certified Peer Recovery Specialist training programs, SOAR, WRAP, Trauma Informed Care and Mental Health First Aid training and educational programs

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Information Management • Network Development & Clinical Services • Quality Improvement



Promoting Self Care for Compassion Fatigue



SIGNS

- Poor Concentration
- Forgetfulness
- Irritability & Short Temper
- Over Helpful
- Crying
- Easily Angered
- Detached from Self and Others
- Becoming Emotionally Isolated
- Calling in Sick

Reminder:
take care of
myself!

SELF-CARE TIPS

- Be Present
- Set Limits
- Use Humor
- Do Something Nice for Self
- Do Something Fun
- Relax
- Be Connected
- Let Go of Ego
- Recognize Your Limits
- Maintain Good Health Habits
- Seek Treatment
- Be Tolerant
- Quit Taking it Personally!



Business Development & Marketing • Consumer & Family Affairs • Financial Management •
Information Management • Network Development & Clinical Services • Quality Improvement



What Does It Look Like?

But is it Compassion Fatigue or Burnout? Compassion fatigue is more about the emotional fallout from actually delivering services and that is why it is called "secondary trauma". Helpers working with those in harm's way relive the sufferer's experience secondarily. The emotional wear and tear of this kind of stress can eventually lead to burnout, however burnout takes longer and can be a function of many other things like, paperwork, work conditions, colleagues, or the "grind". The more important question to ask is: Do I Love my work? If the answer is "no", it is probably burnout. If the answer is "YES", you are more likely suffering Compassion Fatigue (Figley, 2004). Compassion Fatigue usually is accompanied by a rapid onset of symptoms and is more pervasive than burnout often emerging suddenly with little warning. There is a sense of helplessness, shock and confusion, with a sense of isolation and the symptoms seem disconnected from the real causes. However, those with Compassion Fatigue report an ongoing sense of responsibility for the care of the suffering even though they themselves are suffering.

Some of the warning signs include:

- Not setting boundaries
- Taking on more than you admit you can handle
- Exposure to written materials, things seen, things heard
- Absorbing reactions of others
- Absorbing emotions of others
- Trying to do too much for others

So is it Compassion Fatigue or Burnout? Take a self test, The Professional Quality of Life Scale; Compassion Satisfaction and Fatigue at http://www.proqol.org/ProQol_Test.html is free and can be done privately, providing unbiased feedback that can motivate self care action.

What Can Be Done to Promote Self Care?

Begin with ethical standards like "First Do No Harm". It is time to recognize that do no harm can be impacted by our own fitness with the exposure to distress of others taking a day after day toll. The adage should evolve to include "First Do No SELF Harm".

Self analyze using the 188 Hours Exercise. How do you spend those weekly hours—atwork, home and on other activities? Keep a log or journal that will help you achieve balance and promote self care

Build personal resilience which is the key to self care (www.theresilienceprogramme.com)

- o Embrace the difficulty and reframe it as a learning experience
- o Have a wide range of tools and skills to deal with many different type of challenges
- o Practice flexible thinking – switch between a range of thinking styles to find the best one for the situation
- o Develop the ability to bounce back from a difficult situation without suffering damage
- o Have a sense of vision, purpose and values that act as guiding lights to enable you to keep going forward
- o Become Self Aware through mindfulness and self observation training
- o Get good at giving and receiving feedback
- o No one needs to be a superhero; however we all have inner strength
- o Like bamboo, aim to be flexible but firmly rooted



What Can Be Done By Employers?

Employer responsibility is to set the stage for a healthy work environment and recognize situations and issues that adversely impact staff. Organizations will reap the rewards of a productive and self aware workforce that can handle the stress load. Ultimately many problems such as absenteeism and staff turnover will be resolved.

- Increase knowledge base. Read and pursue training. Several websites offer free educational materials including video clips from Gift from Within <http://www.giftfromwithin.org>
- Become certified. The Green Cross Academy of Traumatology offers certification
- Work towards Systemic Change. Spread the word and seek to educate and treat others. Impact institutions, policies and procedures that create a climate for inducing compassion fatigue and for discouraging the assessment and treatment in the workplace



CFBHN is a not for profit 501 (c) (3) community services network and the only CARF International Accredited Services Management Network in Florida*. Currently CFBHN contracts with community service organizations to provide a full array of publicly funded mental health and substance abuse services in the SunCoast Region and Circuit 10. The geographic service area covers the following fourteen counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services include: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact their lives. We accomplish our mission by seeking, developing, and nurturing partnerships with high performing providers of compassionate and quality services. Working together, this partnership continually works to meet the changing needs of public sector leadership, private sector employers and employees, and individuals who require services. To support this network, CFBHN manages total system development while providing education, training, and advocacy support as well as research, development, and implementation of best-practices in the treatment field.

* CARF is the Commission on Accreditation of Rehabilitation Facilities.

Collaborating for Excellence

Compassion Fatigue in the Workforce You Have to Take Care of You First

Presented by:

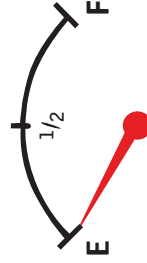
Marcia Gonzalez Monroe, LCSW, MSW, MBA
and Doris Griggs Nardelli, MPA

Compassion fatigue is a common issue facing those in the helping professions. Even when well-equipped and unstressed, this work can take its toll. Employers need to understand the signs and symptoms and be prepared to manage employee workload and environment to combat burnout and eliminate compassion fatigue. Likewise, employees need to recognize symptoms and practice self-care. Charles Figley, Distinguished Professor and Director of the Tulane University Traumatology Institute, has published extensively on the subject beginning with his groundbreaking work of 1985 *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those who Treat the Traumatized*.

Generally known as "the cost of caring", Compassion Fatigue is recognized by the American Psychiatric Association in their diagnostic manual. One can be traumatized either directly or indirectly with indirectly noted as

Compassion Fatigue. "It is obvious that traumatization can come from helping suffering people in harm's way as well as being in harm's way ourselves and those that work with the suffering suffer themselves because of the work. Many of us are drawn to this work as a calling. To say the least, our work brings us joy. But the work of helpers can also be emotionally toxic. The same tendencies we have for helping others make us especially vulnerable to overlooking our own needs. It is as if we have a self care blind spot. We need to recognize and do something about it to avoid compassion fatigue, the ultimate cost of caring" (Figley, 2007)

Compassion Fatigue





2016 – 2017 Annual Report

CFBHN is a not for profit 501 (c) (3) corporation and a CARF International Accredited Services Management Network organization. CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region which includes the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services provided: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.*

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. Our mission is accomplished by seeking, developing, and nurturing partnerships with outstanding providers who offer high quality compassionate services. Through these partnerships, CFBHN continually meets the changing needs of the public safety net and manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF is the Commission on Accreditation of Rehabilitation Facilities*

Collaborating for Excellence

“Central Florida Behavioral Health Network provides the right service, at the right time in order to save lives and ensure we have healthy communities.”

Linda McKinnon, President & CEO



We are pleased to present our 2016-2017 Annual Report to the community.

This year CFBHN celebrates 20 years of continuous service to communities in need. Founded in 1997 by a group of individuals with foresight and courage, this organization has grown and developed to the full service organization it is today. Originally conceived as a provider sponsored network to serve just this region of Florida, the concept was quickly recognized as the answer for Florida's safety net system of care statewide. The Legislature moved to allow the Department of Children & Families to structure their delivery system within the framework of seven Managing Entities (ME's), as the new organizations were called, to develop and manage the public safety net of care for substance abuse and mental health services.

Focusing on established relationships and unique local community needs, the new organizations approached service delivery with vigor and the spirit of entrepreneurship. The “can do” attitude was contagious, sparking new innovations and bold methods to meet needs across a wide spectrum. Accountability was set as the bedrock key to functional organization of the new ME's and robust IT systems were developed to track services and appropriate use of funding.

Working hard to leverage new technologies was a focus, but so was building healthy collaborative partnerships across the spectrum of public and private service providers. This focus will continue to grow and develop and lead us forward. We know the key to successfully meeting individual needs is closely intertwined with our local communities and we look forward to continuing to demonstrate how these valuable services can lead to recovery for individual, families and communities.

This was a challenging year facing a statewide Opioid Crisis, sunseting of federal funding, as well as a devastating Hurricane Irma. CFBHN rose to the occasion in all fronts and met community needs. I certainly look forward to tomorrow, next year and the next twenty years to demonstrate how we can accomplish our mission and meet challenging needs together. I look forward to a future that provides for Florida's citizens in time of need so their lives will be full of promise and hope.

Please feel free to contact me with your feedback and comments. Enjoy reviewing this Annual Report and please visit our newly redesigned and highly responsive website at www.cfbhn.org. I welcome your comments and can be reached at lmckinnon@cfbhn.org. As always, I welcome your input.

The Honorable Paula S. O'Neil, Ph.D. Chair



Another year has passed and we have seen unbelievable dedication and commitment from the staff and providers with Central Florida Behavioral Health Network (CFBHN). These unmatched providers deliver life-changing services that sincerely make a difference in our community, fulfilling the critical needs of our 14 county populations. Each day their team members touch lives, change perspectives, and restore hearts.

Over the past year, efforts were successful to update the vision, mission, and values of CFBHN. The vision of “envisioning communities where accessible behavioral healthcare enhances the lives of all” is one all of us can embrace. After all, that is why we are all dedicated to the progress of this field. The mission of “managing a quality behavioral health system of

care that brings help and hope to individuals, families, and communities” is the reason for our existence. It is why we know that our combined work and determination will contribute to a better, healthier tomorrow.

The value-driven integrated services managed by CFBHN illustrate its updated values: accountability, advocacy, collaboration, innovation, and transparency. Those values were carefully chosen because they represent the focus the network has. Each member of the network, whether staff or provider or board member, wants to ensure that we are all accountable for our actions. We want to serve as advocates both to our clients and to our purpose, and, in some cases, our team members feel like we are the only advocates for some of our clients. We realize the need to collaborate with funding source benefactors, other networks, other mental health and substance abuse professionals, and one another to provide the spectrum of services available. As funding and other resources have been limited, the need for innovation has increased, and, thankfully, technology has assisted in that quest. Finally, all shareholders within CFBHN realize the value in transparency to the public, other agencies, and one another.

With the responsibility of more than ten million persons served and more than 100,000 persons treated, the task of the network is overwhelming and requires the support of every member of our community. In September, Governor Scott supported new legislation and funding to fight the opioid crisis. In October, President Donald Trump declared the opioid epidemic a “national public health emergency,” citing that “64,000 Americans died from overdoses last year, 175 every day, seven every hour.” (Vitali, 2017) While this may be news to some, it is not news to our providers who work tirelessly daily to mitigate the results of the opioid crisis in our community. We are all hopeful that our leaders will recognize the need to address the problems identified, as President Trump said, “as Americans, we cannot allow this to continue. It is time to liberate our communities from this scourge of drug addiction.” (*Vitali, 2017)

Mental health problems take a toll on families, friends, and our community. I am grateful to the professionals we work with within CFBHN, including the Board Members, the CFBHN Team, and the Providers in the trenches every day, all of whom are committed to making every dollar count toward treatment of this societal problem. I want to especially thank all CFBHN staff as well as our community collaborative partners who quickly responded this year in the aftermath of the devastation of Hurricane Irma. The assistance you provided in our communities was invaluable. As we look toward 2018, we continue to face funding challenges and behavioral health obstacles, but I am confident we have the skill set to conquer these concerns and provide the extraordinary service the community has seen and is confident we will address.

Albert Einstein said, “Try not to become a man of success, but rather try to become a man of value.” I am grateful that I work with dedicated men and women of value!

*Vitali, A. (2017, October 27). Trump calls opioids “worst drug crisis in American History.” NBC News. Retrieved from <https://www.nbcnews.com/politics/white-house/trump-declare-oxioids-public-health-emergency-n814536>

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Community Focus... Individual Results



Current Snapshot

July 1, 2016, began CFBHN's seventh year managing the safety net system of care for substance abuse and mental health services funded through Department of Children & Families. Community voices continue to be heard and supported via Coalitions, Consortiums, and Regional Councils in all fourteen counties. CFBHN managed **\$183,457,896** contracted through community organizations serving **108,548** persons with a full array of services including acute care,



\$183,457,896

TOTAL CONTRACT FUNDS

98% | Expenditure
Rate on Services

84 Contracted Service Providers

108,548

Numbers Served in Treatment

10,174,160 | Numbers Served
in Prevention

residential treatment, housing, medical, outpatient, and recovery support services and reached **10,174,160** individuals through prevention. Contracted funds were efficiently and effectively managed at a **98%** expended rate with a total administrative cost less than **4%** — a good value for Florida taxpayers.

Senate Bill 12 Continues to Guide Responses
for System Development in Florida

Implementation continues relative to the legislation passed in 2016 regarding Mental Health and Substance Abuse services. The Managing Entities have focused on those individuals with high needs and high utilization of services (HN/HU) by providing a Care Coordination protocol. All contracted service providers within the CFBHN network currently are or are on their way to becoming fully accredited by a recognized governing body that fits their specific type of service delivery. Staff continue to reach a high success rate

of diverting individuals to services within their local communities and away from more restrictive settings while also meeting the unique needs of families with comprehensive teams and services.

Linda McKinnon Represents Southeast Region on National Stage



Linda McKinnon, President & CEO, continues her work as an elected Board Member to the National Council for Behavioral Health representing the Southeast Region 4 (North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi and Tennessee). She is frequently called to testify before Florida legislature committees and works with national elected officials through the National Council.

Florida's Next Biggest Challenge – Addressing the Opioid Crisis

The Opioid Crisis has attacked Florida hard. More than 14 people per day are dying. Hospitals and Emergency First Responders are deluged with caring for persons who overdose, sometimes several times in the same day. Jails have become default residential detox centers. All of this is occurring at the same time a large federal block grant, some \$21,000,000, expired at the end of the 2016–2017 fiscal year — much of it tied to critical needs like residential treatment and core community wraparound services that support recovery.

Even though Governor Scott was able to secure some \$27,000,000 in the spring of 2017 for medication assisted treatment (MAT) and outpatient services, it will probably not be enough to meet the growing need. Those funds were quickly dispersed following the execution of an executive order and CFBHN was able to begin serving individuals in programs almost immediately. However, it is estimated an additional \$50,000,000 will be required to combat this crisis as well as meet mental health needs in fiscal year 2018-

2019. The Florida legislature will be reviewing what will be required to meet this need and determine if appropriations can be allocated to support services.

5-Star Performance Award Recognition & 20th Anniversary Open House

Annually CFBHN contracted providers participate in a process that analyzes their overall performance by category according to a "Scorecard". For 2016 the performance incentive award that each recipient would have earned was voluntarily donated back into the system of care by that recipient to cover shortfalls in budget allocations. The same was true for 2017. This was fully supported by CFBHN Staff and Board of Directors.

However, award recipients were recognized and honored in 2016 and will also be recognized for their achievements at the Anniversary Open House scheduled for November 16, 2017.

The Anniversary Open House will welcome celebrity National Football Players

to help with the celebration including Martin Gramatica of the Super Bowl Winning Tampa Bay Buccaneers. He will be joined by NFL Alumni David Jones and Ike Alama-Francis. All of the players will be available to meet and greet guests and share their stories. Along with Martin as a guest speaker, the event will again welcome the Department of Children & Families Secretary Mike Carroll who will speak to the attendees.

A complete list of award recipients can be viewed at www.cfbhn.org.

Healthy Transitions – Supporting Youth and Young Adults to Achieve their Dreams!

The program vision is "To create a sustainable legacy of physical, mental and social supports that enable youth and young adults to thrive in their communities." The Florida Healthy Transitions' primary partner organizations: Florida Department of Children & Families, Central Florida Behavioral Health Network, 2-1-1 Crisis Center of Tampa Bay, Success 4 Kids & Families, 2-1-1 Tampa Bay Cares, Suncoast Center, and BMR Consulting have been working diligently to bring this vision to life - and they have the results to prove success! The non-traditional approach of meeting young people in their communities, supporting them in identifying their own treatment and transition goals, and providing young people with the tools needed to be successful, is proving to be a very effective strategy.

Since its January 2016 launch, Florida Healthy Transitions (HT) has provided services to 12,705 youth, young adults and families. Additionally, over 300,000 local residents have been reached through the program's social marketing efforts. And some 6,033 individuals have been educated about the program through one-on-one outreach efforts at local activities, events, community meetings, and street outreach.

Almost 6,000 youth and young adults have contacted 2-1-1 for services, and based on their actual and/or potential risk factors, were screened for Healthy Transitions and related behavioral health services. About 128 youth and young adults have participated in the Transition to Independence Process (TIP), Motivational Interviewing, and the Cognitive Behavioral Therapy Informed Wraparound Process – all designed to assist them in achieving their transition plan goals. And 74 youth and young adults have participated in the program's weekly Mental Wellness~ Bent Not Broken support groups.

**We all have beautiful minds,
and we all have been through
some rough patches in life...
But like a tree weathering a storm,
we are bent, but not broken!"**

~ Created by program participants

**FEELING SAD,
ALONE OR STUCK?**
Healthy Transitions can help.
Age 16-25 • Text FHT to 898211

Success in recovery is a daily process. Stay the course.

SAMHSA Central Florida Behavioral Health Network

Florida Healthy Transitions doesn't discriminate and participants expand across all races, ethnicities, genders, sexual orientations, and socioeconomic statuses. The program's evaluation reports reveal that after being enrolled in the program for only 6 months, Florida Healthy Transitions' program participants demonstrated nearly a 50% improvement in the following areas: ability to handle daily life, hopefulness, frequency of depression, sense of belonging in their communities, and re-enrollment/enrollment in school or vocational training programs.

Additionally, several participants successfully engaged in therapy/medication management services, decreased hospitalizations due to mental health crises, increased ability to access transportation independently, earned their diploma or GED, enrolled in college, obtained employment, secured stable housing, and successfully completed their transition plan goals. Furthermore, 97% of the program's participants indicated they would still elect to receive Florida Healthy Transitions' services, despite having other options.

The program continues to work to improve services for youth and young adults through: bridging the child and adult behavioral health systems of care and services, changing the traditional paradigm of services to one that is tailored to and guided by the youth/young adult's voice and choice, employing youth and young adults in various roles (in addition to Certified Peer Recovery Support Specialists) and providing a wide spectrum of peer supported services.

Success stories can be viewed at the new CFBHN website www.cfbhn.org landing page for videos or on our YouTube channel at <https://www.youtube.com/c/CentralFloridaBehavioralHealthNetwork>. Additional information can also be located on the program's website at: <http://flhealthytransitions.org/>

Consumer & Family Affairs Leads Recovery

Consumer & Family Affairs (C&FA) added to their team this year and welcomed Jo Dee Nicosia, B.S., as the Florida Children's Mental Health System of Care – Sustainability Grant, Local Coordinator. Along with Director Carol Eloian and Beth Picora, Consumer & Family Specialist, this team serves to keep the focus on recovery throughout Florida and the nation.

The entire team has taken an important role in spearheading the Recovery Oriented System of Care (ROSC) concept in this region and statewide. This role completely dovetails with the leadership provided they provide to the Florida Certification Board regarding training and development of Certified Peer Specialists and the additional work with grassroots organizations like National Alliance on Mental Illness (NAMI) that helps to support volunteer work throughout the network.

Board service is also a critical component of the work this team does and in the bulleted section of this report you can see the many committees, work groups and task forces of which they are a critical member. Finally, their community organization and training initiatives are without parallel.

Network Development & Clinical Services Extends into a Critical Area - Housing

Housing was a very key element of this past year's focus. CFBHN answered the call by creating a special department with staff resources dedicated to connecting and understanding the local housing environment.

CFBHN Housing Specialists made valuable connections with mental health/substance abuse providers, stakeholders, and the nine Continuums of Care (CoC) throughout the region and assisted in the Point in Time counts that are critical to understanding and evaluating needs.

They also engaged with local housing sources to establish SOAR Steering Committees. A SAMHSA best practice recommendation, SOAR strives to work

collaboratively with local Social Security Administration offices to streamline the disability application process.

Training is a key component of any successful project launch and the Housing Specialist Team coordinated Supportive Housing Training provided by the Florida Supportive Housing Coalition throughout the region. Designed for Frontline Staff, it increased knowledge and facilitated communication between CoCs, key community stakeholders, and provider organizations.

Enhanced Communications

CFBHN's new website redesign will launch December 1. A total makeover, this website will provide the latest up to the minute features with a consumer focus and feel. Developed to clearly present quality information, it has been field tested by community users who certified the Services Locator is top-notch and fully responsive. This key feature of the new site, the Service Locator, will guide users through easy to navigate "buttons" that drill down selections based on age and type of service required. The map will then plot resources close to the users address, provide additional information as well as a link to the provider organization's website if available. Hovering over the listed services will provide easy to understand descriptions. In addition to traditional substance abuse and mental health services, the site also boasts a new feature to help locate **Housing** – an identified key need for the region.



The site will also feature a complete Newsroom designed to more effectively engage with media sources and a landing location for the library of **Recovery Points and Programs** videos that showcase real people and their success stories. Another very exciting component of this project is the mobile friendly version that properly sizes and fits the information to smart phones, tablets and other mobile devices. Visit the new site at the same address www.cfbhn.org.



The **Recovery Points & Programs** series of dynamic stories launched just last year and they tell compelling true stories of successful recovery journeys. Each year CFBHN adds to these stories and will be shortly debuting program stories on Family Intensive Treatment (FIT) and NAMI Pinellas along with four short PSA's linked to the services provided in the network by our provider organizations. Take a few moments to get to know some of your fellow Floridians and celebrate what a difference services have made in their lives. The stories can be viewed on the CFBHN You Tube Channel – which now has its own name – at <https://www.youtube.com/c/CentralFloridaBehavioralHealthNetwork> or you can view them from our website in a special section devoted to videos.

So please take time to visit our redesigned and vibrant website at www.cfbhn.org. While there subscribe to our Newsletter and connect with us on social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2016-2017 Annual Report. ■

vision

Behavioral healthcare enhances the lives of all

mission

Goal: Managing a quality behavioral health system
for individuals, families and communities

Values

Collaboration

Innovation

Transparency

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns. All board members serve without compensation

Officers

The Honorable Paula O'Neil, PH.D., Chair, Community/Elected Official
Pasco County Clerk of the Court & Comptroller

Ray Gadd, Vice Chair, Community/Elected Official
District School Board Pasco County

Larry Lumpee, Treasurer, Community
Past Assistant Secretary for Department of Juvenile Justice/Retired CFBHN COO

Judy Turnbaugh, Secretary, Community/Family Advocate
National Alliance for Mental Illness (NAMI) Pinellas

Kevin Lewis, Quality Committee Chair/Community Advocate
Executive Director Lee Association for Remarkable Citizens

Clara Reynolds, Provider/Regional Council Chair
CEO Crisis Center of Tampa Bay

Alison Salloum, Ph.D./Community
University of South Florida

The Honorable Craig Latimer, Immediate Past Chair, Community/Business
Hillsborough County Supervisor of Elections

Community Directors

Susan Benton, Community/Law Enforcement
Sheriff Highlands County & Past President Florida Sheriff's Association

Josh Dillinger, Community Business Representative
GCD Insurance Consultant

Ray Fischer, Community/Community Based Care
Children's Network of Southwest Florida

Nancy Hamilton, Provider
CEO Operation PAR

Doug Leonardo, Provider/Receiving Facility
Executive Director Baycare Behavioral Health

Dr. Subhakar Rao Medidi, MD, Community/Public Health
Medical Director Suncoast Community Health Centers

Wendy Merson, Community/Private Receiving Facility
CEO Windmoor Healthcare

John H (Jack) Minge III, Provider/Regional Council Chair
CEO Coastal Behavioral HealthCare

Walter Niles, Community/Public Health
Director Health Equity Office Hillsborough County Health Department

Robert Rihn, Provider/Regional Council Chair
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
CEO Heartland for Children

Brena Slater, Community/Community Based Care
Sarasota YMCA/Safe Children Coalition

The Honorable Andy Swett, Judge/Community
Lee County Justice Center

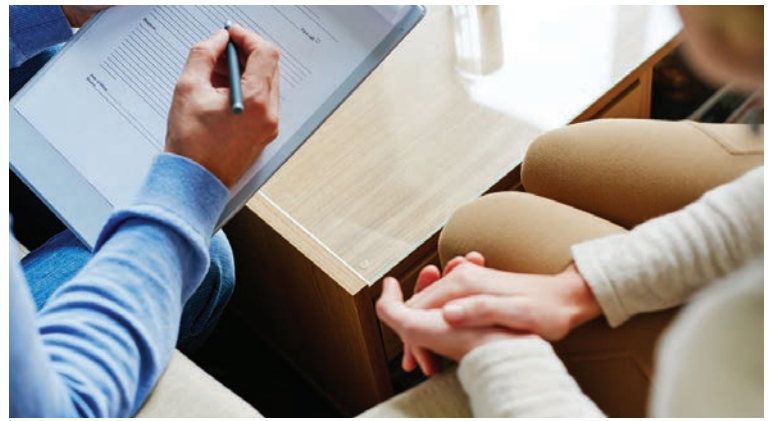
Dr. Alvin Wolfe, Community/Child Advocacy
Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Bridging Gaps with Management Solutions



Education and Advocacy

- Some of our most exciting news of the year is the total website redesign. Set to officially launch December 1, the website will sport a consumer friendly look and feel and be highly responsive to locating services that match need. A fully functioning Newsroom will enhance effective communication with the media and there is space for viewing the Recovery Points and Programs video success stories.
- Social Media continues to engage the general public by providing important educational messaging. With expanded reach, targeted messages have “gone viral” without any paid support reaching in the millions of views. The “Good Sam” PSA video remains one of the most watched videos on the CFBHN You Tube channel.
- The success story video program now includes a video for the Family Intensive Treatment Team program and NAMI Pinellas. Four new short version PSA's will debut in December.
- CFBHN Staff and Programs have been featured in four CW44 Bayside TV shows this past year and staff interviewed as experts for numerous newspaper articles throughout the region.
- Presentations to all legislative delegations and personal meetings were held both in district and in Tallahassee with Florida elected representatives and with US Congressional elected representatives in district and Washington.
- Staff assisted with emergency response in the Disaster Recovery Centers following the Hurricane Irma devastation affecting most of the region and the state.
- Support and expertise was provided to town halls, forums and other gatherings concerning the Opioid Crisis.
- Linda McKinnon (President & CEO), Larry Allen (Chief Operating Officer), Marcia Gonzalez Monroe (Chief Clinical Officer), Doris Griggs Nardelli (Director of Communications) and Stephanie Johns (Quality Improvement Director) presented workshops and poster presentations at national and state professional conferences including: The National Council for Behavioral Health, the Florida Behavioral Health Conference, the Florida School of Addictions and the National Medicaid Congress.

- Numerous staff continue board service nationally, on a state level and locally.

Consumer & Family Affairs

- Focusing on advocacy staff served on numerous committees and boards including: the Recovery Oriented System of Care (ROSC) Transformation Task Force seeking to transform services statewide, the Florida Certification Board, the Behavioral Health Advisory Committee, the Code of Ethic Review Committee, the Suicide Task Force of Tampa Bay, and the Florida Children's Mental Health System of Care Expansion and Sustainability Project federal grant in Pinellas and Pasco Counties focusing on improving outcomes for children and youth with Serious Emotional Disturbances (SED)
- Supported local initiatives like; “World Suicide Prevention Day”, held at the James A. Haley Veterans Administration facility, which provided education and resources to over 80 community members, PFLAG (formerly known as, Parents, Families and Friends of Lesbians and Gays) which promoted cultural and linguistic competencies while providing substance use and mental health resource information to the LGBTQ community, service on Florida Assertive Community Treatment (FACT) Advisory Councils to encourage families/ caregivers involvement and support while loved ones navigate their recovery journey, and partnering with Family Intensive Treatment Team (FIT) staff to provide technical support for Recovery Peer Specialists and for appropriate use of Wraparound.
- Continued work from previous year to the Peer Support Coalition of Florida, retained advisory membership to the grassroots advocacy organization National Alliance on Mental Illness (NAMI) affiliates, and promoted consumer and family involvement and advocacy for “voice and choice” (a system of care principle) via Tampa Bay Health Advisory Board Behavioral Health Workgroup, Safe and Sound's, Family Health & Wellbeing Committee, Connect 4 Families Pinellas, Pasco Children's Behavioral Health Partnership, Healthy Hillsborough, Infant Mental Health, and Polk County's Inmate Behavioral Health Care.
- Functioned as a CEU training provider for 185 individuals seeking required Recovery Peer

Specialist training for certification. Training included Wellness Recovery Action Planning (WRAP), Helping Others Heal Recovery and Wraparound.

- Provided trainings to eliminate stigma and discrimination to over 1200 individuals via; Health Occupations Students of America, Ombudsman Program for Area on Aging, Pasco and Hillsborough Sheriff Deputies, Assisted Living Facilities staff, Hillsborough Mental Health Court personnel, ROSC Regional Summit participants, Faith based Leaders Forum, and the Peer Specialists Discovery Conference.

Financial Management & Human Resources

- Developed Alternative Payment Methodology Work Group to review alternative payment methodologies for Fiscal Year 2018 – 2019.
- Developed 401K Fiduciary Committee.
- Changed 401K provider to Transamerica to lower fees and improve long term performance.
- Switched health plan provider to AvMed negotiating a 10% increase (when other carriers were quoting 40% increases) saving CFBHN over \$250,000.
- Hosted Physician who conducted Stress Management staff training.
- Implemented a “Volunteer Day” Program. Employees may use up to 8 hours of a workday annually towards volunteering at an institution of their choice (11 employees utilized this in the 1st six months it was available).
- Enrolled all staff into Teladoc service. Staff and/or a family members are able to speak to a licensed physician by web, phone or mobile app in under 10 minutes 24/7. High satisfaction rates reported.
- Introduced a new online employee training site, ThinkHR, with over 200 course topics. Currently organization has two active online training sites which ensures compliance, reduces risks, and drives employee engagement and productivity.
- Provided Supervisor training to all interested staff.
- Conducted “Bridge out of Poverty” diversity training for all staff.
- Created a “Leave Sharing” program to assist with salary continuation for staff who experience extraordinary, unplanned, and involuntary circumstances and are unable to work.

Bridging Gaps with Management Solutions (continued)

Information Management

- Contract Action Tracking System (CATS) was enhanced to utilize a SQL backend.
- The Prevention Reporting APP for the regional logic model (FDLE, FIRES, Florida Charts, FYSAS, Local data, Medical Examiner, FLDOE, etc.) was implemented.
- Enhancements to SharePoint system included:
 - Streamlined and automated Department of Children & Families Equipment Approval Process
 - Implementation of Peer Specialist Training and Certification tracking
- Provided research for outside stakeholder's projects:
 - City University of New York - cost of care using state service data
 - State of Florida - Revenue Maximization
 - Pinellas County Department of Health
- Enhanced the Health Data System (HDS) to allow vouchering for multiple programs and payers. Claim data automated into Contract and Finance Exchange (CAFÉ) billing system
- The Electronic Health Record (EHR - Psychconsult) was implemented at Success 4 Kids July 1st. Also used the Reporting Services website to assist Success 4 Kids in producing their own reports.
- Additional Sheriff Departments were brought onboard as part of the Arrest Data Sharing Project.
- The Healthy Transitions federal application was enhanced to include automated file upload for reporting.
- Included file processing and validation for Central Receiving Facilities.
- Prevention Based Performance System billing file included in Data vs Billing system.
- The Master Client Index was implemented per Department of Children & Families requirements.
- Included additional data sources in the data warehouse.
- Brought the new Britney Way Conference facility on line and connected to corporate infrastructure.

Network Development & Clinical Services

Prevention

- Staff participate in a variety of state level workgroups including the Florida Needs Assessment Focus Group and State Epidemiological Outcomes Workgroup.
- The new database collection system launched last

fiscal year, the Florida Prevention Based Performance System, is successfully capturing all prevention activity including numbers served, activities, training, staff assignments, and help desk ticket activities. This information will prove invaluable in spotting trends and evaluating overall success of initiatives.

- Funding was identified and reallocated to address the Opioid Crisis in heavily hit counties including Lee, Charlotte, Highlands, and Sarasota.
- Prevention Consultant provided evaluation services, reviewed coalition deliverables and issued monthly reports based on findings.

Child System of Care

- Hosted 167 Interagency "lockout calls", 21 less than previous fiscal year.
- Revised Children Specific Staffing Team (CSST) application in English and Spanish versions.
- Decreased SIPP levels of care admissions over previous year by 13. CFBHN continues to focus on the use of lower level as of care as appropriate and to advocate for the use of CAT teams and STGH as next levels of care from outpatient and in-home therapies.
- Circuits began creation of "pre staffing processes" connected with court involved youth.
- Continued focus on Evidence Based Programs supported by CFBHN training opportunities for provider organizations.
- Children's Mental Health Database flags youth 17 ½ years old to assist in coordinating a FACT team referral for a smooth transition into the adult system.
- Created a FIT Manual that coincides with issuance of amended Guidance Document 18 (FIT Model Guidelines and Requirements)
- Six Behavioral Health Consultants work in the network assisting Child Protective Investigators regarding behavioral health issues relative to in-home child safety.
- Completed initial Child Welfare/Behavioral Health Self-Study with plans for quarterly update submissions on progress.

Adult System of Care

- The 14 Florida Assertive Community Treatment (FACT) Teams continued to focus on priority populations as identified in Senate Bill 12 and the Department of Children and Families defined Priority of Effort. FACT admitted 154 new clients this past fiscal year with 32% of these admissions diversions from State Mental Health Treatment Facilities admission, 32% being SMHTF discharges and the remaining 36% falling into other categories. There were a total

of 153 discharges from the 14 teams during the year. Waitlist for admission to FACT varies on a monthly basis during the year with a total of 72 at year end waiting for a FACT slot.

- Assisted with 1,186 Non Priority Community Resources Calls and linked the caller to appropriate community resources.
- All 56 complaints were resolved successfully and there were Zero Grievances filed.

Forensic

- Successfully diverted 185 individuals from the State Hospital and facilitated over 354 forensic residential referrals to regional community partners to promote diversion from state mental health treatment facilities and assist in discharging.
- The Forensic Multidisciplinary Team serves a capacity of 45 individuals in the Tampa metro area.

System of Care

- Assisted with 61 DCF tracker cases with an average response time of less than 24 hours.
- Performed and logged 64 "Secret Shopper" calls and continued the very successful program of sharing results and offering technical assistance to improve service performance and access.
- Delivered more than 34 onsite and webinar trainings throughout the year including: Behavioral Health in Assisted Living Facilities, Care Coordination, Mental Health First Aid, Adult System of Care, NIATx Change Leader Academy, Child/Parent Cognitive Behavioral Therapy, Infant Mental Health, Motivational Interviewing, and Stages of Change.

Quality Improvement

- Created new QI methodology with differentiated Corrective Actions from formal Areas of Concern resulting in reduction of total number of Corrective Actions issued.
- Reviewed, revised and updated all monitoring tools for Fiscal Year 2016-2017.
- Risk Manager worked closely with IT to develop a new Data Summary Process required for weekly critical incident reviews. New process dramatically shortened prep time for reporting.
- The new Monthly Incident Report Template streamlined process for summarizing number and type of incidents reported by contracted providers.
- New Risk Reporting Software was field tested this fiscal year and will be fully implemented in Fiscal Year 2017-2018.
- New Risk Manager came on board October 2016.



FIND HELP. GET ANSWERS. at our NEW WEBSITE!

www.cfbhn.org



And We Are Mobile Friendly Too!

We are the experts in publically funded behavioral health services. Our goal in redesigning our website was to make it as user friendly as possible while providing information to help those seeking care.

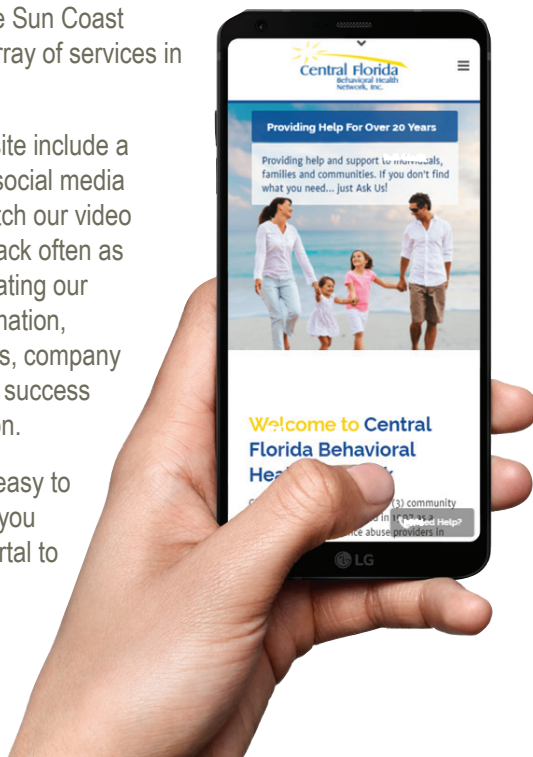
We work collaboratively with our network of community partners in the Sun Coast Region to provide a full array of services in the 14 counties we serve.

New features of our website include a dynamic service locator, social media access and a page to watch our video success stories. Check back often as we will be constantly updating our content with helpful information, articles, blogs, newsletters, company announcements and new success stories in the News section.

Enjoy the fresh look and easy to access information while you rely on us to provide a portal to the information you need.

Log on... check us out.

www.cfbhn.org



719 South US Highway 301 • Tampa, FL 33619



2017-2018

CONSUMER HANDBOOK



Funding provided by:



Administrative Office
719 South US Highway 301
Tampa, FL 33619
813.740.4811
www.cfbhn.org

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INTRODUCTION

Central Florida Behavioral Health Network, Inc. (CFBHN) is pleased to provide our 2017-2018 Consumer Handbook for persons eligible to receive mental health and/or substance abuse services in the Suncoast Region and Circuit 10. We trust this handbook will provide useful information as you seek services through our network of community providers.

Every year during Florida's annual legislative session, elected representatives develop a budget which allocates general revenue funds to pay for services throughout the state. Florida also receives a variety of federal funds (including block grants) that provide services according to federal guidelines. Both of these fund types are managed through a Managing Entity (ME) contract between the Department of Children & Families (DCF) Substance Abuse and Mental Health (SAMH) Program Office and CFBHN. Under the current contract, CFBHN provides a system of care in the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota.

CFBHN ensures that quality services and best practices are provided to consumers and families who are eligible to receive SAMH funded services throughout the network. CFBHN network providers employ principles of recovery including: choice, hope, trust, personal satisfaction, life sustaining roles, interdependence and community involvement. Services must also be culturally and linguistically competent and are provided regardless of race, religion, color, national origin, age, sex or sexual orientation. As used in this handbook, the term “**Consumer**” refers to an individual receiving service at a CFBHN subcontracted provider agency. Again, services provided through the CFBHN managed system of care are funded by State of Florida general revenue and some specialized federal funding. These services are NOT funded by insurance plans, the Florida Agency for Health Care Administration (AHCA) Medicaid program, or the Federal Medicare program.

This manual provides general information only. Should you need assistance and/or have questions related to mental health and/or substance abuse services managed by the ME through the provider network that are not answered in this handbook, please call 813.740.4811. Please keep this handbook for future reference.

ABUSE HOTLINE

Abuse can come in many forms including verbal, physical or sexual mistreatment. The Abuse Hotline is the phone number you can call to report abuse, neglect and/or mistreatment for all children and vulnerable adults in Florida.

Telephone Number: 1-800-96-ABUSE (22873)

TDD (Hearing Impaired) Number: 1-800-453-5145

If an emergency situation occurs where an individual appears to face immediate risk of abuse or neglect likely to result in death or serious harm;

CALL 911 FIRST

Contact the Abuse Hotline SECOND

ACCESS TO CARE

Geographic Location

CFBHN's expectation is that services will be available in contracted counties either by public and/or private transportation that meets the following guidelines:

- Services are to be within thirty (30) minutes typical travel time in urban areas
- Services are to be within sixty (60) minutes typical travel time in rural areas

When it is determined that a service is not available within these time frames, CFBHN staff will evaluate community needs and if an unmet need is identified will expand services of a current subcontractor, develop a new subcontractor, or increase capacity through use of technology such as telemedicine and/or E-therapy. Identification of need and comprehensive plan development will be accomplished through meetings with local subcontractors and community members.

possibility of recovery. A key component in this process is a “*Recovery*” or “*Treatment*” plan. Provider staff works with individuals to develop a personal recovery plan which should include overall health and well-being goals, not just mental health and substance abuse issues. Plan components may include participation in support groups as well as individual therapy, basic health care maintenance, stable housing, development of family and interpersonal relationships, as well as community connections. It can also include educational, occupational, and volunteer goals.

COMPLAINTS AND GRIEVANCES

CFBHN has a procedure for filing a complaint or grievance if you are not satisfied with the services you receive. However, CFBHN recommends you first discuss the situation with your therapist, case manager, psychiatrist, and/or the program supervisor/manager at your provider organization before contacting us. You should also request a copy of your provider’s grievance policy and follow those instructions as well. If you are not satisfied with the results then you can call CFBHN at **877.355.2377**.

CONSUMER CHOICE IN SERVICE PROVIDERS

You have the right to choose any substance abuse and mental health provider from within the SunCoast and Circuit 10 subcontractor provider network. If you would like to change your therapist at the provider organization you have chosen, first ask to speak to the therapist’s supervisor and attempt to be reassigned to another therapist. Should you need further assistance, you may contact CFBHN Network Development and Clinical Services at **813.740.4811** or at ndcs@cfbhn.org.

CONSUMER RIGHTS & RESPONSIBILITIES

Your **rights** as a consumer while receiving treatment at a facility are protected under Florida law. When you request or receive services, you should be given written information regarding your rights by the provider.

Here is a list of specific rights:

- To be treated with dignity and respect
- To be free of abuse and neglect
- To be treated in the least restrictive setting
- To receive a physical examination within 24 hours after arrival
- To participate in the development of an individualized treatment plan and discharge plan
- To give express and informed consent to treatment by competent individuals

- To access a system for filing complaints
- To be free of seclusion and restraint unless imminent danger is evident
- To access a telephone to report abuse or speak to an attorney at anytime
- To access a telephone for private communications with family and friends unless such communication is deemed harmful
- To immediate access by a person's family, guardian, guardian advocate, representative, or attorney
- To have personal property and clothing inventoried upon admission and to receive a copy of the inventory
- To vote in national, state, and municipal elections if eligible and registered to vote
- To reasonable accommodations under the Americans with Disabilities Act (ADA)
- To protection of confidential records
- To access to grounds unless restricted for medical or safety reasons

You are also encouraged to assume some reasonable **responsibility** for the success of your treatment.

Active engagement in your care increases the likelihood of achieving positive outcomes.

- Be on time for all appointments and call if you can't make an appointment
- Talk to your case manager, doctor, counselor, peer specialist and others providing your care about needs, preferences, and goals you have
- Provide information about progress in meeting your goals
- Be very involved in developing and reviewing your service/treatment plan
- Tell your provider when you are experiencing problems
- Let staff know about any changes to your medications or changes in your health
- Let your provider know if you decide to discontinue services
- Treat staff and other consumers with respect and consideration
- Follow the rules of the program where you receive services
- Respect the confidentiality and privacy of other consumers
- Present your Medicaid, Medicare or Insurance card each time you come for an appointment
- Let your provider know about changes in your name, address, insurance, telephone number, or your finances

- Pay your bill or make arrangements with the provider to meet a payment schedule

EMERGENCY SERVICES

Crisis Stabilization Unit (CSU)

If it is determined that an individual is a risk to themselves or others, the individual can be admitted to a CSU for an examination. The individual can be admitted either voluntarily or involuntarily under the Florida Mental Health Act, commonly referred to as the Baker Act (named for the state representative from Miami that sponsored the law). Crisis Stabilization Units are available for both children (CCSU) and adults (CSU).

Detoxification Services (DETOX)

Services can be provided in an inpatient setting where medical and clinical procedures allow adults and and/or children to withdraw from addictive substances.

- Adult Detox settings are known as Addictions Receiving Facilities (ARF)
- Children's Detox settings are known as Juvenile Addictions Receiving Facilities (JARF)

FEE FOR SERVICES

Community mental health centers that receive funds from the State provide treatment and services based on what you can afford to pay. Every person is responsible to pay for some of the cost of their care, but if you have very little money or no money, services are still provided. This is called a "*sliding-scale*" or "*sliding fee basis*" of payment. DCF funds are always the payer of last resort.

PRIORITY POPULATIONS

There are several categories of individuals and families who are designated to receive priority for services that are funded through general revenue or federal funding.

- Children and parents who are not Medicaid eligible or who need services that are not covered by Medicaid, and who are in or placed from households that DCF Child Protective Investigators determined that children were "unsafe" without additional services, will have priority for substance abuse and mental health services. Per Section 394.674, F.S.;
 - Eligibility for adult mental health services for parents is based upon the emotional crisis they are experiencing due to the potential removal of their children


- Eligibility for adult substance abuse services is based on parents who put children at risk due to their substance abuse disorder
- These individuals may not be placed on a wait list for longer than one week
- A primary goal of treatment is to place individuals into the appropriate recommended treatment service as soon as possible. This is especially important for pregnant women and intravenous (IV) drug users who seek substance abuse treatment. According to Section 1923 of the Public Health Service Act (45 CFR 96.126):
 - IV drug users are to be placed into treatment within fourteen (14) days of their request for treatment
 - Pregnant women are to be placed in treatment within forty-eight (48) hours of their request for treatment

PROVIDER DIRECTORY BY COUNTY

CFBHN contracts with community provider organizations throughout the SunCoast region and Circuit 10. The best resource to determine which contracted organization provides services in your area is to visit our website or access through your mobile phone or device at www.cfbhn.org. Click on the tab Service Locator and at the top of the page to find the type of service you need near you. Provider organizations are listed by address, show what services are offered, display contact information such as address and phone number, and have a link to their websites (if available) for more detailed information.

QUICK REFERENCE CARD

Please clip and
keep handy



Administrative Office
 813.740.4811
www.cfbhn.org

Complaints & Grievances: 877.355.2377
 Network Development & Clinical Services: ndcs@cfbhn.org

Abuse Hotline: 1.800.96.ABUSE (22873)
 TDD (Hearing Impaired) 1.800.453.5145

For A Life Threatening Emergency Call 911

For a list of all services and locations nearest you in the Suncoast and Circuit 10 go to the website www.cfbhn.org

Florida Assertive Community Treatment (FACT)



A Guide for Family Members and Other
Supporters of a FACT Team Client



Collaborating for Excellence

What is FACT?

The Program of Assertive Community Treatment (PACT) is a comprehensive, community-based treatment, service delivery model provided to people who have been diagnosed with a severe and persistent mental illness (i.e. schizophrenia, schizoaffective disorder, or bi-polar disorder). This program model evolved out of the work led by Arnold Marx, M.D., and Mary Ann Test, Ph.D., on an inpatient research unit of Mendota State Hospital, Madison, Wisconsin, in late 1960s.

Their research found that "*Recovery*" results of hospital-bound clients were successful due to 24/7 ongoing care, support and treatment. However, once the clients moved back into their community their recovery efforts digressed for the lack of ongoing support following discharge.

"In 1972, the researchers moved hospital-ward treatment staff into the community to test their assumption and, thus launched PACT." (National Alliance on Mental Illness (NAMI), www.nami.org) "Not only does NAMI use PACT and ACT interchangeably, but PACT or ACT is also known by other names across the country. For example the ACT program is known as,

- ♦ Community Support Programs (CSP); Wisconsin
- ♦ Mobile Treatment Team (MTT); Rhode Island & Delaware
- ♦ Program Assertive Community Treatment (PACT); Virginia

In Florida the PACT/ACT is known as Florida Assertive Community Treatment (FACT)

- ♦ First Florida team was funded in 2000 at \$1,254,000. Of that amount \$254,000 is used for unfunded client needs. The funding has remained the same since inception.
- ♦ Currently there are 33 teams in Florida. Each team serves a maximum of 100 members.
- ♦ Fourteen (14) of the 33 teams are contracted to serve clients that meet the admission criteria and the referral process under the Managing Entity, Central Florida Behavioral Health Network (CFBHN), in Pasco, Pinellas, Hillsborough, Polk, Hardee, Highlands, Manatee, Sarasota, Charlotte, Desoto, Lee, and Collier, Hendry and Glades.

How did my loved one become eligible for a Team, and how long will my loved one receive this service?

Referral Process:

Referrals are prioritized for FACT teams under Central Florida Behavioral Health Network (CFBHN):

- ♦ Diversion from Civil State Hospital admission referred by CFBHN (Under a BA-8 or Voluntary to STF)
- ♦ Discharge from Civil State Hospitals in Florida
- ♦ Individuals that have High Utilization of PUBLIC CSU's that is negatively impacting the individual's life
- ♦ Children "aging out" of the Children's Mental Health system
- ♦ Other referrals



Admission

Your loved one would have to have **ONE** of the following diagnosis categories:

- ♦ Schizophrenia, other Psychotic Disorders (295 series)
- ♦ Mood Disorders (296 series)
- ♦ Anxiety Disorders (300 series)
- ♦ Personality Disorders (301 series)

Additionally, must meet ONE of the following SIX criteria:

- ♦ Demonstrate a high risk for hospital admission or re-admission
- ♦ Prolonged inpatient days (90+ within one calendar year)
- ♦ Repeated, 3+ episodes per calendar year, local criminal justice involvement
- ♦ Referred for aftercare services by one of the states correctional institutions
- ♦ Referred from an inpatient detox unit and documented history of co-occurring disorders
- ♦ Repeated, 3+ admissions within one calendar year, to a crisis stabilization unit

Meet at least THREE of SIX of following characteristics:

- ♦ Inability to consistently perform ADL skills or failure to perform them without significant support/assistance
- ♦ Inability to be consistently employed (self-sustaining level) or inability to consistently carry out the homemaker role
- ♦ Inability to maintain safe living situation
- ♦ Coexisting **substance use disorder** (6+ months)
- ♦ High or recent **criminal justice history**
- ♦ Co-existing **mild mental retardation**
- ♦ **Destructive behavior** to self and others

Discharge:

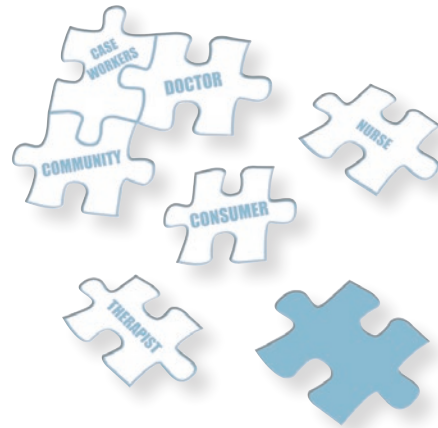
Your loved one may be discharged when he/she meets one of the following criteria:

- ♦ The person moves outside of the geographical areas of the FACT team's responsibility
- ♦ The person moves out of the state of Florida
- ♦ The person demonstrates an ability to perform on a continued basis in major role areas (work, social and self-care) without requiring assistance from the program
- ♦ The person requests discharge, despite the team's repeated efforts to develop a recovery plan acceptable to the person served by the team
- ♦ The person has been admitted to a state mental health treatment facility and remained in such facility for period exceeding six months and after direct consultation with the individuals treatment team at the facility, it has been determined that there is no immediate, anticipated date of discharge; or the person has been adjudicated guilty of a felony crime and subsequently sent: state or federal prison for a sentence that exceeds one year or is in a skilled nursing facility and it is determined that return to the community is not possible due to the clinical needs of the individual served

How is the FACT Team Staffed?

The Team/Staff possess a combination of abilities and professional skills to provide a broad range of treatment, rehabilitation and supportive services.

- ◆ Team Leader (Director)
- ◆ Psychiatrist/Psychiatric ARNP
- ◆ Registered Nurse
- ◆ Licensed Mental Health Professionals
- ◆ Bachelor's Degree Level Mental Health Professionals
- ◆ Substance Abuse Treatment Specialist
- ◆ Vocational Specialist
- ◆ Certified Recovery Peer Specialist
- ◆ Program Assistant



What are some of the areas of assistance that is provided by the FACT Team?

These areas of assistance may be provided by a FACT Team Member or they may link them to a service provider who can provide assistance or training.

- ◆ Daily Activities
- ◆ Family Life
- ◆ Intervention with Support networks (family, friends, landlords, neighbors etc)
- ◆ Financial Management
- ◆ Counseling
- ◆ Health Care (linkage to primary health care provider or specialist)
- ◆ Employment-support services
- ◆ Medication Support
- ◆ Substance Abuse Treatment
- ◆ Financial supportive benefits (i.e. assisting with financial assistance applications, and accompanying consumers to administrative offices).

What is my role with assisting my loved one in receiving health care service?

“At the point of admission, the FACT Team involves the client and family members in collaboration to lessen the family’s burden and assist the client to achieve his or her goals. This collaboration has specific characteristics such as:

- ◆ *“Establishing the ongoing process for regular communication with family members.”* Learning of the individual’s development and illness history, current symptoms and functional status, and about the client-family relationship.
- ◆ *“Regular involvement of the psychiatrist with the family.”*
- ◆ *“Lessening the clients’ overreliance on the family.”* Taking over practical functions (e.g., shopping, laundry, money management, medication administration). Increase the intensity of contacts to the client in the new gradually move out from the family home into his or her own residence, provide necessary support and assistance to the client in the new living situation, and help the client develop a pattern of visiting with family members that maintains supportive ties.

- ♦ *“Individualized education about the client’s mental illness”.* Efforts are made to help families learn new attitudes toward themselves and the client, such as not blaming themselves or being overly critical of the client.
- ♦ *“Re-involving the excluded client with his or her family.”* If the relationship between family members and a relative who has a mental illness had been severed or greatly damaged, family members may hesitate to become re-involved. The team, with the clients consent, attempts to help families gradually reconnect in a way that respects the distance they have established.

What is the contact information for contacting the FACT Team?

- ♦ Please see last page for your FACT Team’s contact information.

What are the hours of operation?

The FACT Model includes a team approach and is mobile in the community; therefore, you would need to contact your FACT Team Leader to determine the best way to contact them.

The majority of the service/treatment activities occur during weekdays (Monday –Friday), in addition, your loved one would be provided crisis assessment and intervention on twenty-four (24) hours per day, seven (7) days per week basis. These services would include telephone and/or face-to-face contact.

What can family members do to advocate for their loved one?

FACT Advisory Committees are comprised of FACT Leaders, Staff and Community Stakeholders. To ensure that organizational services and the culture of the population being served are reflected in the outcomes.

There are other community stakeholder meetings that families can attend. Check with your local NAMI affiliate office. To find your local NAMI Affiliate, go to NAMI.org and click on “Find Your Local NAMI”.

When would or should I contact the FACT Team?

After receiving this Informational packet, it is advisable to write down your question or concerns then contact the local FACT team office to discuss those questions. Always insure that you obtain the name and title of the staff person you speak with when making contact.

What types of supports can the Family/Caregiver access?

CFBHN nor the FACT Teams are affiliated with the following organizations. The following information is provided for your convenience only!

- ♦ **NAMI is the National Alliance on Mental Illness**, the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need.

NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs.

Find your local NAMI Affiliate at www.nami.org.

Florida Assertive Community Treatment (FACT)
Central Florida Behavioral Health Network (CFBHN)

A Guide for Family Members and Other Supporters of a FACT Team Client

FACT Team Contact Information:

Team Name:	
Location:	
Building Operating Hours:	
Phone Numbers:	
Office Phone Number:	
Office Fax Number:	
Team Leader Phone Number:	
Team	
Leader:	
Assistant Team Leader:	
Psychiatrist:	
Nurse:	
Counselor:	
Certified Recovery Peer Specialist:	
Office Manager:	

Other Important Contact Numbers:

Emergency:	9-1-1
Non-Emergency:	
Crisis Intervention Team Officer (CIT)	
Resources:	2-1-1
NAMI Affiliate:	<p><i>For your local affiliate:</i> http://www.nami.org/ click on "Find Your Local Affiliate" tab.</p>





Central Florida

Behavioral Health Network, Inc.

2017 – 2018 Annual Report

CFBHN is a not for profit 501 (c) (3) corporation and a CARF International Accredited Services Management Network organization. CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region that includes the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services provided: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.*

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. We accomplish our mission by seeking, developing, and nurturing partnerships with outstanding providers who offer high quality compassionate services. Through these partnerships, CFBHN continually meets the changing needs of the public safety net and manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF is the Commission on Accreditation of Rehabilitation Facilities*

Collaborating for Excellence

“Central Florida Behavioral Health Network provides the right service, at the right time in order to save lives and ensure we have healthy communities.”

Stronger Together

We are pleased to present our 2017-2018 Annual Report to the community.



Linda McKinnon, President & CEO

Last year we celebrated our twentieth anniversary at the yet to be named Richard Brown Conference Center. The conference center opened in 2017 and was dedicated to the memory of Richard Brown by our Board of Directors in January 2018. Richard was a dedicated community leader who worked tirelessly to improve the lives of persons struggling with addictions; he was a true visionary and one of the founders of CFBHN. Every time I enter the center, see Richard's smiling face, and name on the wall I am happy knowing that his spirit lives on in a space designed for community use, education and sharing of practice to improve the quality of the lives of people living with mental illness and addiction.

The celebration also honored the CFBHN founders who envisioned a network of providers coming together to improve the coordination of care for people who needed to access multiple treatment services and to recognize our outstanding provider organizations with the presentation of their 5 star awards. We were graced with a variety of inspirational speakers and it was a beautiful day of both celebration and remembrance.

CFBHN has continued to work with our providers and our communities to identify solutions and bring the best possible services to assure a safety net for our citizens and families in crisis. This year a tremendous effort has been made across all sectors to address the Opioid Crisis occurring across our state. The tragic deaths of so many due to overdose has brought CFBHN together with State and County governments, law enforcement agencies, first responders, hospitals, child welfare agencies, schools, foundations, community coalitions, providers and other stakeholders to develop and deploy innovative approaches.

We are excited to be working with a number of our County Governments and Community Foundations to collaborate on innovative projects and proactively address local issues that will improve the lives of individuals and keep our families and communities safe. CFBHN has adopted ROSC (Recovery Oriented System of Care) principals throughout the continuum of services provided by our Network assuring that services are both effective and focused on recovery at every touchpoint.

I look forward to continuing our work to be at the forefront of delivery of quality public behavioral health services. CFBHN's mission and vision guides everything we do and I am particularly grateful for our outstanding Board of Directors and Provider Network. Their ongoing commitment is the reason for our success! Please feel free to contact me with your feedback and comments. Enjoy reviewing this annual report and please visit our newly redesigned and interactive website at www.cfbhn.org.

I welcome your comments and can be reached at lmckinnon@cfbhn.org



Ray Gadd, Board Chair

If I've said it once, I've said it a hundred times. I am in awe of the dedication, commitment, and pure sweat that our network providers put into our communities. They work hard, they work smart, and they often get the job done on less than sufficient resources. They are warriors for mental health and substance abuse treatment and fearlessly speak to power representing those too vulnerable to speak for themselves. Our providers are changing lives today and tomorrow. Every day is a challenge and every challenge is not without frustrations. The rewards, however, are great. We know that the quickest route to being unhappy is to be overly worried about happiness. Our providers are focused on helping people overcome obstacles, meet challenges head on and hopefully experience the joy that comes with leading a healthy, engaging and productive life - happiness.

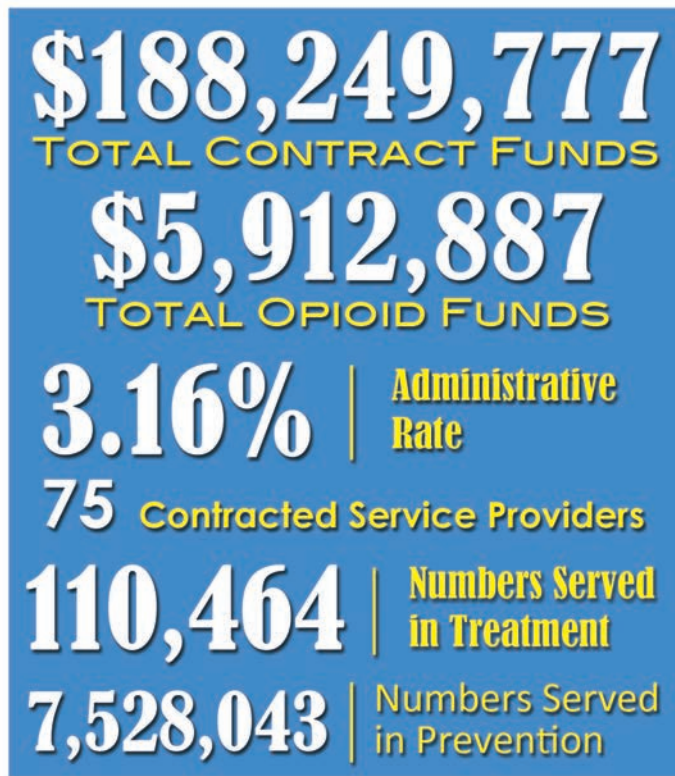
I am particularly proud of the CFBHN Board of Directors. What a cast of characters. We always have a quorum, and our meetings are spirited, candid, complicated and engaging. I can't resist singling out just a few. Nancy Hamilton, former CEO of Operation PAR, is as passionate in retirement as she was at the height of her career. Honest, to the point, and direct. You can always count on Nancy to speak up and speak loud. Bob Rihn, engaging, big smile, prepared, on task, and always representing the needs of our rural counties. Clara Reynolds, direct, passionate, and obviously committed to her work. Craig Lattimer, the voice of reason, well- prepared, and thoughtful. I don't have the space to talk about them all but suffice it to say each are unique, engaged and ready to make a difference. I am proud to work with such a talented and dedicated group of people.

Last but not least, our CEO, Linda McKinnon, and her talented staff. On more than one occasion, I have sought counsel on Board business and other issues and they have never wavered. They work long hours, deal with a constant barrage of complicated issues and they do it all with grace and calm. They are a very fine team.

Ironically, at this time last year, we were dealing with the aftermath of Irma and we again find our beautiful state the victim of a terrible natural disaster, Hurricane Michael. Natural disasters are difficult for even the most competent and advantaged individuals. I am humbled to play a small part in an organization and a network of managing entities that stands ready to respond to any circumstance where communities, families, and children find themselves in crisis. I am very proud to be associated with Central Florida Behavioral Health Network and all our wonderful providers. I work with people that care about people – every day. Enough said!

Community Focus...

Individual Results



Current Snapshot

July 1, 2017, began CFBHN's eighth year managing the safety net system of care for substance abuse and mental health services funded through Department of Children & Families. Community voices are heard and supported via Coalitions, Consortia, and Regional Councils in all fourteen counties. CFBHN managed \$188,249,777 service dollars and \$5,912,887 in opioid funding contracted through community organizations serving 110,464 persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services and reached 7,528,043 individuals through prevention. Contracted funds were efficiently and effectively managed at a 3.16% administrative rate - a good value for Florida taxpayers.

Linda McKinnon Represents Southeast Region on National Stage



**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

Linda McKinnon, President & CEO, will very soon complete her service work on the national level as an elected Board Member to the National Council for Behavioral Health representing the Southeast Region 4 (North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi and Tennessee). Her leadership and expertise has been valuable as she worked with the National organization to raise awareness for the behavioral health care needs of US citizens.

Tragedy at Marjory Stoneman Douglas High School
Results in Coordinated and Comprehensive Response
to Protect Children in Florida Schools



The tragic mass shooting of children and teachers at the Marjory Stoneman Douglas High School in Parkland, Florida brought quick response at all levels of government. Bill passage mandated a thorough review of response time and the development of comprehensive systems of protection as well as

(Continued on next page)

provision of needed services with the hope that this would avert future tragedies. The Managing Entities have been at the forefront of working collaboratively with local schools and law enforcement agencies to help facilitate appropriate responses.

Florida Faces Opioid Crisis with Continued Federal Funding

Systems are in place and quick response is the norm for responding to the Opioid Crisis in Florida. Funding puts in place medication assisted treatment (MAT) and outpatient services and provides tools First Responders and Emergency Rooms need to rescue people from the brink of death. Recovery is possible with this critical funding allocated for care. Florida was grateful to receive continued Federal funding for Fiscal Year 2018-2019, the quick response of the Governor to release the funding, along with the Florida legislature providing additional funding to help the cause.

Focus on Community Collaboration and Innovative Partnerships



During the fiscal year, CFBHN became heavily engaged with a variety of innovative community collaborations. The focus was on engaging with partners that could quickly bring services where and when they are most needed. The Polk County project called “Helping Hands” is a joint venture of the County Social Services, the Sheriff’s Department and local Emergency Management Technicians. This program is voluntary for persons who received mental health services while in the local jail and need continued care after their release back into the community. The PICA (Pinellas Integrated Care Alliance) also brings several organizations together to assist with homeless and other individuals who encounter law enforcement and need assistance. Finally, the Sheriff Data Sharing Project uses technology to match booking data information against treatment data for individuals in the care system and connects the individual with a service provider. Additional community and school-based initiatives are in the works for the region and will be launched in late 2018 and early 2019.

**We all have beautiful minds,
and we all have been through
some rough patches in life...
But like a tree weathering a storm,
we are bent, but not broken!”**
~ Created by program participants

Healthy Transitions Helps Young Adults Achieve their Dreams!

The vision of Florida Healthy Transitions is to create a sustainable legacy of physical, mental, and social supports that enable youth and young adults to thrive in their own communities. Central Florida Behavioral Health Network, in partnership with the Florida Department of Children & Families, BMR Consulting, Crisis Center of Tampa Bay, 2-1-1 Tampa Bay Cares, Success 4 Kids & Families, and Suncoast Center, work together to assist transition aged youth and young adults (ages 16-25) in living their best lives.



Florida Healthy Transitions is made possible through a grant funded by the Substance Abuse and Mental Health Services Administration (SAMSHA). Since its implementation in 2016, Florida Healthy Transitions has provided information, crisis intervention, community linkages and/or behavioral health services to over **19,976** youth, young adults and their families. The program has facilitated **Wraparound** and **Bent Not Broken** wellness groups to over **200** young people. Program participants have achieved extraordinary outcomes, with notable achievements in the following areas:

- ✓ **43%** increase in the number of participants who are able to deal with a personal crisis
- ✓ **57%** increase in participants who get along with their family
- ✓ **47%** decrease in depression
- ✓ **44%** increase in sense of self-worth
- ✓ **30%** increase among young people who feel a sense of belonging in their communities
- ✓ **96%** of participants would recommend the program to others

Success stories can be viewed at the new CFBHN website www.cfbhn.org landing page for videos or on our YouTube channel at <https://www.youtube.com/c/CentralFloridaBehavioralHealthNetwork>. Additional information can also be located on the program’s website at: <http://flhealthytransitions.org/>.

Consumer & Family Affairs Leads Recovery



Consumer and Family Affairs continues to serve as a member of Florida's Statewide Recovery Oriented System of Care (ROSC) Transformation of Change Agents (ToCA) to establish an integrated, values based recovery oriented system of care where recovery is expected and achieved through meaningful partnerships and shared decision making with individuals, communities and systems. The C&FA Department is now a mighty team of five as they have added a family and a youth coordinator to work directly in the community.

In the Suncoast Region, C&FA is responsible for developing, implementing and maintaining a strategic plan that supports and aligns with the State's Priority of Effort and their five key priorities:

- ✓ Promoting Collaborative Service Relationships
- ✓ Training and Technical Assistance
- ✓ Promoting Community Integration
- ✓ Increasing Peer-based Recovery Services
- ✓ Developing a Strong Recovery Oriented Workforce

Network Development & Clinical Services Housing Team Provides Critical Connection



The Housing team fills a critical and needed role to locate available, affordable housing options for persons in care. They have connected and engaged with local housing authorities and have the expertise to make valuable connections with the behavioral health providers in each community. They work very closely with the nine Continuums of Care (CoC) throughout the region and assist in the Point in Time counts so critical to understanding and evaluating needs.

The SOAR Steering Committees (a SAMHSA best practice recommendation) that were established in the first year of operation are enabling individuals in need to streamline the Social Security application process for disability benefits.

Training is a primary focus and the team continues their work with the Florida Supportive Housing Coalition to increase frontline staff knowledge while facilitating communication between CoCs, key community stakeholders, and provider organizations.

Enhanced Communications

CFBHN launched the new enhanced website January 2018. The consumer look and feel was quickly recognized for ease of use and presentation of

(Continued on next page)

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns. All board members serve without compensation

Officers

Ray Gadd, Chair, Community/Elected Official

District School Board Pasco County

Clara Reynolds, Vice Chair, Provider/Regional Council Chair

CEO Crisis Center of Tampa Bay

The Honorable Paula O'Neil, PH.D., Immediate Past Chair, Community/Elected Official

Pasco County Clerk of the Court & Comptroller

Brena Slater, Secretary, Community/Community Based Care

Sarasota YMCA/Safe Children Coalition

The Honorable Craig Latimer, Treasurer, Community/Business

Hillsborough County Supervisor of Elections

Kevin Lewis, Quality Committee Chair/Community Advocate

Executive Director LARC - Lee Associations for Remarkable Citizens

Alison Salloum, Ph.D./Community

University of South Florida

Community Directors

Joshua T. Barnett, County Government Representative

Health Care Services Manager Manatee County Government

Guy Blanchette, Community Representative

President & CEO Drug Free Collier

Scott Burgess, Provider/Regional Council Chair Circuit 20

President & CEO David Lawrence Center

Dr Glenn Currier, Professor/Chair Department of Psychiatry & Behavioral Neuroscience

University of South Florida

Josh Dillinger, Community Business Representative

GCD Insurance Consultant

Ray Fischer, Community/Community Based Care

Children's Network of Southwest Florida

Nancy Hamilton, Community Representative

Retired CEO Operation PAR

Tracey Kaly, Community Representative

Director of Ambulatory Clinical Operations Baycare Behavioral Health Children's Treatment Center

Wendy Merson, Community/Private Receiving Facility

CEO Windmoor Healthcare

John H (Jack) Minge III, Provider/Regional Council Chair Circuit 12

CEO Coastal Behavioral HealthCare

Walter Niles, Community/Public Health

Director Health Equity Office Hillsborough County Health Department

Kathleen Peters, Legislative Representative

Florida House of Representatives

Robert Rihn, Provider/ Regional Council Chair Circuit 10

CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care

CEO Heartland for Children

Nathan L. Scott, Community Child Welfare Advocate

Child Welfare Policy Coordinator Florida Department of Health

Jerry Wennlund, Provider/ Regional Council Chair Circuit 6

President & CEO PEMHS

Dr. Alvin Wolfe, Community/Child Advocacy

Distinguished Professor Emeritus USF Department of Anthropology



What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN. 105

needed and useful information. The key feature is a dynamic service locator that guides inquirers through the use of “drill down” buttons based on an individual’s age and type of service desired. Plotting resources on a map that are most convenient to where the user lives, it provides quick links to those resources when available.

The locator can also assist with finding Housing options – an identified key need for the region. And it helps in emergencies with locating available crisis beds nearest the individual as well as links to the community Prevention Coalitions.

The Newsroom provides a landing location for literature and the CFBHN library of **Recovery Points and Programs** videos highlighting real people and their success stories. Another very exciting component of the website redesign is the mobile friendly version that properly sizes and fits the information to smart phones, tablets and other mobile devices. Visit the new site at the same address www.cfbhn.org.



New this year is a series launch exploring **What to Expect**. The first offering in this series is about crisis services for adults or children in a Crisis Stabilization or a Detoxification unit. The stories can be viewed on the CFBHN YouTube Channel <https://www.youtube.com/c/CentralFloridaBehavioralHealthNetwork> or you can view them from our website in a special section devoted to videos. So please take time to visit our redesigned and vibrant website at www.cfbhn.org. While there, subscribe to our Newsletter and connect with us on social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2017-2018 Annual Report.

In Memorium

This past year saw the loss of two very special people who were instrumental in making CFBHN what it is today. We honor these men and their memory for the service they gave to our communities and what their lives meant to everyone at CFBHN. They are sorely missed.



Richard Brown, CEO of the Agency for Community Treatment Services and CFBHN Board Member, was a dynamic champion for persons with substance abuse and mental health issues. Richard was the one most people turned to when they needed a visionary and clear thinking individual to determine the best course of action. He was dedicated to serving those who did not have a voice and developed specialized programs serving youth and adults, which have become the statewide model. Richard passed away December 16, 2017. CFBHN honored Richard by making him a Board Member Emeritus and naming the CFBHN conference center the Richard Brown Conference Center.



Larry Lumpee, Retired CFBHN COO, Former Assistant Secretary for the Department of Juvenile Justice and CFBHN Board Member, brought expertise from all levels of government to his position at CFBHN. He guided the early growth and development of the corporation and provided a steady focus at the helm. Known affectionately simply as Mister, Larry was the perfect sounding board and an engaged mentor to so many. He always made everyone feel important and valuable and had a special soft spot for the plight of young people. Larry passed away April 5, 2018. CFBHN has honored Larry by making him a Board Member Emeritus.

Vision

Envisioning communities where accessible behavioral healthcare enhances the lives of all

Mission

Central Florida Behavioral Health Network: Managing a quality behavioral health system of care that brings help and hope to individuals, families and communities

Values

Accountability

Advocacy

Collaboration

Innovation

Transparency



Bridging Gaps with Management Solutions

Education and Advocacy

- Launch of new highly responsive and consumer friendly website featuring dynamic Service Locator, Newsroom and other features
- Social Media expanded reach and engagement with original content and educational messaging
- **What to Expect** series debuts November 2018 and focuses on crisis services for mental health and substance abuse for adults and children
- Medicare Part D media campaign will run October 2018 to December 2018 on CW44 in prime time. This was made possible through a grant from Phrma
- CFBHN Staff and Programs were featured on the CW44 Bayside TV show and staff have also been interviewed by media outlets and appeared on TV news shows throughout the year
- CFBHN continues to provide information regarding services to elected officials, staff and legislative delegations throughout the network, and US Congressional elected representatives in district and Washington
- Support and expertise is provided via town halls, forums and other gatherings concerning the Opioid Crisis
- Linda McKinnon (President & CEO), Larry Allen (Chief Operating Officer), Marcia Gonzalez Monroe (Chief Clinical Officer), Doris Griggs Nardelli (Director of Communications) and Stephanie Johns (Quality Improvement Director) presented workshops and poster presentations at national and state professional conferences including: The National Council for Behavioral Health, the Florida Behavioral Health Conference, the Florida School of Addictions and the National Medicaid Congress
- Numerous staff continue board service nationally, on a state level and locally.

Consumer & Family Affairs

- Support Florida's Statewide Wraparound Fidelity initiative provided through services offered in our region. Staff educate communities regarding the model, develop trained team Champions to implement the model, and provide training opportunities
- Promote Collaborative Service Relationships through workshops provided to community stakeholders
- Plan provider organization site visits to teach techniques for implementing the Recovery Oriented Improvement Monitoring Tool
- Provided Opioid Crisis education in faith based

forums that equipped over **200** faith leader participants with valuable resources to assist their Tampa Bay community

- Developed and maintain a monthly ROSC Transformation Workgroup to promote recovery principles in service delivery
- Developed and maintain the Suncoast Region Recovery Peer Advocacy Council to provide networking among peers, assistance to members in applying for Recovery Peer Specialist certification, and provide continued education and supports to those who are employed or volunteering as Recovery Peer Specialists. Additionally, committee members enhance workforce development, decrease stigma in the community, and carry a message of recovery, empowerment, and hope to individuals and family members living with mental illness and/or substance abuse challenges
- Provide the "Family Perspective" and mental health and substance use recovery resources to Crisis Intervention Team (CIT) trained Law Enforcement Officers
- Promote Community Integration through:
 - Contract for behavioral health services and peer recovery supports in a hospital emergency room setting to link individuals overdosed on opioids and other substances to substance use treatment
 - Coordinated program with county, sheriff and fire rescue to assist individuals who have received mental health services while in jail to continue services in the community
 - Bringing Peer recovery support to community mental health crisis stabilization units
- Offering free "Helping Others Heal" (40-hour State approved curriculum) and the evidence-based Wellness Recovery Action Plan (WRAP) trainings to increase/develop Recovery Peer Support services in provider organizations
- Worked to establish the new statewide, grass roots "Florida Family and Peer-Run Coalition" (FFPRC). FFPRC's mission is to engage, advocate for, support and empower family and peer-run organizations to assist them to fulfill their mission, achieve sustainability, and contribute to the solidarity of our statewide family-run voice
- The Federal Children's System of Care Sustainability grant is \$485,000 annually for five years in Pinellas and Pasco Counties and is overseen by the C&FA team. The grant funds staff positions, provides for incidental crisis funding, provides for contracted children's service array, Wraparound training and technical assistance

Financial Management & Human Resources

Human Resources

- Employee turnover rate was a low 4.76%
- Conducted independent salary survey which noted CFBHN salaries are in line with the local market
- Employee benefits include:
 - 100% employer coverage for medical and dental with minimal increases
 - Continued 5% contribution to employee 401k
 - 100% Teladoc services

Financial Management

- Received an unmodified (clean) independent audit
- Received new STR funding for \$5,420,145 for 10 months - less than 2% remained unspent during a 10-month period
- Implemented 8 CAT (Community Action Treatment) team contracts to bring needed children and family services to the region
- Processed RFP for 4 FACT Teams to secure new providers
- Brought in a new provider to provide Bnet services
- Worked with 13 proviso (special funding) contracts that were secured by provider organizations but administered through CFBHN
- Negotiated new PPG (Prevention Partnership Grants) contracts, which brought new services to local communities

Information Management

- Developed and implemented a Forensic/916 application
- Incorporated Sherriff's data from Hillsborough and Polk Counties into an "info sharing" project
- Implemented a Care Coordination application
- Assisted Success 4 Kids & Families to move to a new EHR (Electronic Health Record) platform
- Disaster Recovery implemented in Hurricane Irma and recovered back without incident
- OPPAGA Reports were generated for their assignment from Florida Senate President and Speaker of the House to assess statewide economic impact of the Opioid Epidemic (USF/CW)
- Pinellas County Criminal Justice Substance Abuse Mental Health Reinvestment Grant support
- Ongoing monthly support of County Initiatives
- Coordination of Data Collection by parties to the Grant for Grant Reporting
- Hillsborough County Substance Abuse Integrated Care Pilot coordination of Data Collection
- Data Tools Development for Helping Hands Project in Polk County

(Continued on next page)

Bridging Gaps with Management Solutions (continued)

- FASAMS – analysis, development planning and testing for statewide launch of new reporting system
- Assisted in revamping of Company web site and moving it to the cloud
- Testing of Office 365 and moving to the cloud
- Continuous upgrade of technical infrastructure
- Continued enhancement of reporting capabilities

Network Development & Clinical Services

Prevention

- CFBHN worked with community prevention providers to reach adults and children in the Suncoast region including educational programs in schools and communities, after school activities, outreach services, community events, drug free events, and the like
- CFBHN Prevention team participates in monthly Department of Children & Families calls to discuss and problem solve identified issues
- CFBHN Prevention staff take the lead in state and local meetings and policy and legislative awareness campaigns with local stakeholders and via conferences
- CFBHN Prevention team at CFBHN is an integral part of the larger system of care in Florida. They are engaged with the FADAA (Florida Alcohol and Drug Abuse Association) Prevention Committee monthly calls where substance abuse prevention related topics are discussed, including strategic planning, legislative updates, policies/regulations, emerging drug trends and overall community health and wellness initiatives

Child System of Care

- CFBHN team participated in **240** interagency calls including Critical Case staffings, Child Specific Staffing Team staffings, and Youth at Risk staffings. This resulted in **155** children being diverted from the Child Welfare System
- CFBHN team provided technical assistance and guidance to System of Care providers to identify high-risk youth through emphasizing prevention, interventions and resources to our consumers via Youth at Risk staffing models
- CFBHN team worked with The Florida Coalition for Children and the Department of Children and Families on initiatives of a mutual strategic plan, which focused on improving the ability to work more productively with the Managed Medical Assistance (MMA) Plans
- CFBHN team developed weekly Children Specific Staffing Team (CSST) meetings to provide additional support, education, and communication between referral agents and community stakeholders focused on residential referrals to the Statewide Inpatient Psychiatric Programs and Therapeutic Group Homes
- CFBHN participated in statewide calls focused on

improving clinical services for high-risk youth and child welfare involved youth while providing an overview of successful initiatives being facilitated in the Suncoast Region

Child Welfare

- Focus groups were established that included Child Protective Investigators (CPIs), Case Management Organizations (CMO), FIS staff, and other Child Welfare involved entities. Based on their input a Communication Protocol and revised Universal Referral Form were created and are currently in use throughout the Region
- Information gathered via survey clearly demonstrated how beneficial CPIs felt Behavioral Health Consultants were to their evaluation of home safety
- CFBHN continues to be actively involved in a number of statewide projects focusing on integration, including an in depth evaluation of the current service array available to child welfare families. The work has helped to identify service deficits and funding that will open efforts to close these gaps

Adult System of Care

- Assisted with **70** Department of Children & Families Tracker cases with an average response time of less than **24** hours
- CFBHN NDCS staff assisted community members in over **960** priority and non-priority calls in the previous fiscal year
- CFBHN staff delivered more than **37** onsite and webinar trainings in the Suncoast Region, which included **15** Mental Health First Aid courses

FACT Teams and State Hospital

- There were **169** FACT discharges this fiscal year. This high number of discharges is due in part to the procurement of **four** FACT teams to different providers
- As part of CFBHN State Hospital discharge efforts, **87** clients were referred to CFBHN funded residential beds, with **33%** being admitted and **8%** removed from the State Hospital discharge ready list. The remaining either were discharged to an alternative location or were still pending a decision at the end of the report period
- FACT admitted **121** new clients in this fiscal year with **49%** being admissions directly from the State Hospital and **29%** diversions from placement into a State Hospital

Forensic

- Successfully diverted **144** individuals from the State Hospital
- Hillsborough County providers continue close collaboration with the Forensic Multidisciplinary Team to assist in diversions from the Forensic State Mental Health Treatment Facilities

Utilization Management/Care Coordination

- Established a process for open communication and collaboration with other Managing Entities for

information sharing and consistent implementation of care coordination practices

- Established provider organization assignments by circuits to support familiarity with needs and resources available in each circuit and improve ability to support care coordination efforts
- Worked closely with the Data Management team to transfer data from Excel spreadsheets to a more stable and accurate web-based data system
- Collaborated with provider organizations to clarify the Care Coordinator role and enhance interdisciplinary efforts to improve implementation of care coordination requirements

Quality Improvement

- Risk Management implemented the RL6 Incident Reporting Software in July to improve communications with subcontracted provider organizations. Staff conducted four training sessions and created a user handbook. RL6 will improve Risk Management data reporting efficiency
- Monitoring tools moved to a SharePoint section that allowed a greater number of provider organization staff able to access them prior to monitoring review
- The new monitoring report format more clearly summarizes results achieved by each provider organization. According to the conclusion monitoring survey, provider organizations highlighted the success of this change;
 - **97%** of respondents indicated that they had access to monitoring tools prior to the start of their monitoring review
 - **69%** indicated that they 'strongly agreed' that the new monitoring report summarized results in a clear and concise way. This result reflected a **23%** increase over responses to the same question in FY 16-17 before changes to the report template were implemented
 - **100%** agreed that the new report template was easy to read and understand
- Overall, survey results also revealed an increase in positive responses when compared to those obtained in FY 16-17:
 - **72%** of respondents 'strongly agreed' that CFBHN's monitoring process was organized (**+13%**)
 - **79%** 'strongly agreed' that CFBHN staff responded to requests and questions in a timely manner (**+16%**)
 - **67%** 'strongly agreed' that monitoring results accurately reflected their organization's current level of performance (**+22%**.)
 - **94%** reported that they were 'very satisfied' with their monitoring review (**+24%**)
- Achieved CARF reaccreditation

Family Voice & Choice, Individuals and families guide the process and we ask the question:

"What do you really need to have a better life?"

Remember, having a person use their own voice equals self-advocacy

The mantra is "Nothing about us... without us!"

Always speak about the individual and family as though they were present



Family Driven and Youth Guided means the strengths and needs of the child and family determine the types and mix of services and supports that are provided.

Community Based services, as well as system management, rest within a supportive, but adaptive infrastructure. All processes and relationships are community anchored.

Culturally & Linguistically Competent agencies, programs, and services reflect the cultural, racial, ethnic and linguistic differences of the people they serve. This makes access easier and ensures appropriate services and supports are there so disparities in care are eliminated.



www.cfbhn.org

Family Driven Care

Uses a “**strengths-based**” approach when engaging families in services

Employs and uses Certified Family Peer Recovery Specialists

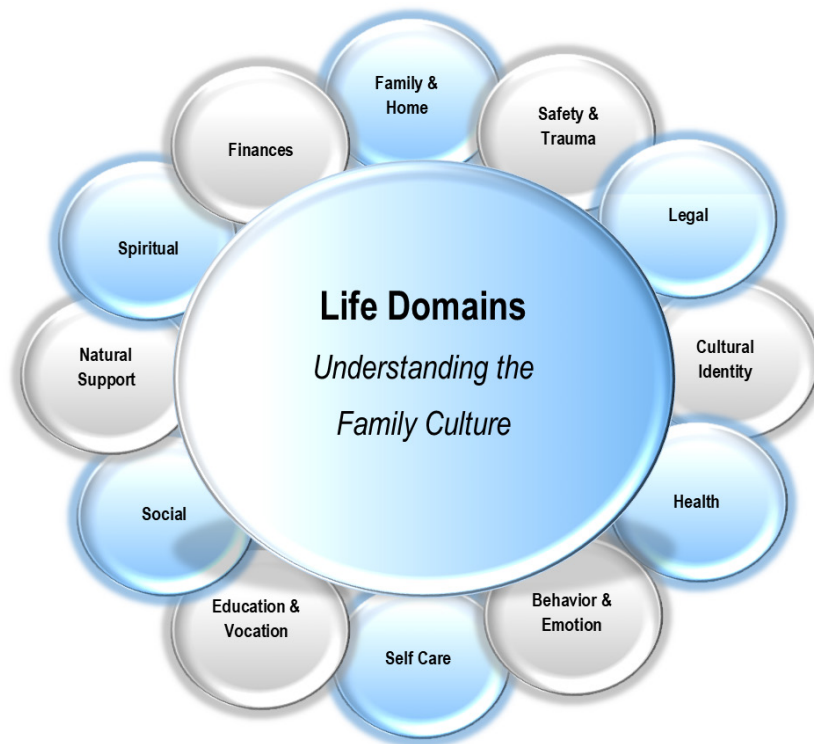
Involves families with lived experience on Board’s of Directors

Individual-Guided Care

Gives individuals a voice in choosing services which will help them reach their goals

Employs and uses Certified Peer Recovery Specialists

Engages those with lived experience in Policy and Program development



Community-Based Services

Offer a wide array of services and supports in each community

Offer an integrated web of natural supports to compliment clinical services

Stays “**Goal Oriented**”

Culturally & Linguistically Competent

Cultural competence is a set of behaviors and policies that come together in a system to work effectively in multicultural settings

Linguistic competence is the ability to communicate effectively in a way that can be easily understood by diverse audiences

SAMHSA's Working Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA has delineated four major dimensions that support a life in recovery:

Health: Overcoming or managing one's disease(s) or symptoms. For everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home: A stable and safe place to live

Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community: Relationships and social networks that provide support, friendship, love, and hope

Guiding Principals



Transformational Community partnerships addressing needs and gaps for mental health and substance abuse recovery for individuals and families

Establishing an integrated, values based system where recovery is **EXPECTED** and **ACHIEVED** through meaningful partnerships and shared decision making with individuals, communities and systems

JOIN US!



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Key ⁵ Priorities



Promoting Collaborative Service Relationships. A ROSC is a network of both traditional and non-traditional services and supports delivered through tight knit partnerships between funders and service providers, including certified peer specialists. Communication supports the system via meetings, web postings and social media conversations featuring recovery principals. Focusing on prevention, with input from community faith based leadership, partners and stakeholders helps build tight coalitions to address critical needs. Strong ROSC ownership builds the collaborative.

Training & Technical Assistance. Workgroups teach staff how to implement recovery management practice that promotes and sustains transformation not just for today but for the longterm. “Centers of Excellence” share and celebrate promising and best practices. Technical Assistance is provided for not only service delivery but for policy review and update. Collaborating for Excellence brings everyone to the table to implement and use ROSC Improvement Self Assessment and Monitoring Tools and techniques.

Promote Community Integration. Recovery is not just medication or talk therapy but involves every aspect of the community in which you live. The entire system needs to be aligned to support and sustain long term recovery. Activities include not just treatment protocols but changing language used, community education, as well as increasing prevention and early intervention efforts, Treatment and recovery support are equally important and should appear seamless.

Increase Peer Based Recovery Support Services. Peer Services is a critical component of ROSC. Increasing availability will ensure long-term health is achieved. Establishing a clear path to integrating Peers into services makes a dramatic difference in outcomes for persons being served and enhances the transformative process.

Develop A Strong Recovery Oriented Workforce. An inspired behavioral health workforce who believes in the potential of all people and recognizes recovery and choice as human rights — this is Florida’s vision. Strategies to increase recovery orientation is crucial for system transformation. This strategic approach will combat stigma, improve practices, support recovery oriented service implementation, improve best practices and ensure ongoing quality improvements.



The **Certified Recovery Peer Specialist** goes beyond just mental or emotional health support as they explore all life domains; physical, social, intellectual, occupational, spiritual, financial, and environmental in order to assist the individual, family or youth they serve.

Peers Build **Hope** by being strategic with Sharing, Understanding, Affirming, Normalizing, Destigmatizing, Building Relationships and Individualizing the support they offer.

Peers are not;

- Superhuman (but you can wear a cape if you want to!)
- A therapist
- “Telling” people what to do
- A spokesperson
- The only resource for answers
- The “STAR” in the shared journey
- The “chauffeur”
- A baby sitter
- A “friend” (but are friendly)
- The **POLICE**



Are You Ready to
Take the Next Step?

**Become a Certified
Recovery Peer Specialist!**



www.cfbhn.org

Path to Becoming a Certified Recovery Peer Specialist

Attend a group to share and learn how to tell your story to help others

Create your own [WRAP](#) (Wellness Recovery Action Plan)

Learn about available resources and how to access them in your community

Register with the Florida Certification Board and decide if you want to be an Adult, Family, Veteran or Youth Peer

Offer “[Office Hours](#)” to gain experience providing peer support and track your hours with your supervisor

Begin leading/co-leading support groups as a Peer

Complete the 2-Day [WRAP](#) Training

Assist others with developing their [WRAP](#)

Get involved with your local Advocacy Council or NAMI grassroots affiliate

Identify 3 individuals who will submit a recommendation for you. Download the form from the Florida Certification Board:

You need One Professional, One Supervisory, One Character-Personal

Training Requirements:

- 40 hour content specific training as outlined by the Florida Certification Board. [Helping Others Heal](#) is a complete course that fulfills this requirement and is offered through CFBHN.
- 16 hour [WRAP](#) training
- 500 hours supervised work or volunteer experience providing peer-to-peer recovery support. Applicants in process earn a provisional credential that can be upgraded to full certification after the work or volunteer hours are complete.





CREATING A **HEALTHIER LIFE**

A STEP-BY-STEP GUIDE TO WELLNESS



CREATING A HEALTHIER LIFE: *A STEP-BY-STEP GUIDE TO WELLNESS*

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Wellness Initiative envisions a future in which people with mental or substance use problems pursue health, happiness, recovery, and a full and satisfying life in the community.

Each individual's path will be a bit different.

Every aspect of wellness can affect a person's life. Working toward all of them in one way or another is a great goal, because wellness relates directly to the quality of a person's life.

This guide offers a broad approach for things we can do—at our own pace, in our own time, and within our own abilities—that can help us feel better and live longer.



WHAT IS WELLNESS?

Wellness is a broad concept. In this guide, we attempt to provide a broad, yet specific sense of what it means. We invite you to think of wellness as meaning being healthy in many dimensions of our lives. That includes the emotional, physical, occupational, intellectual, financial, social, environmental, and spiritual parts. These dimensions are interconnected, one dimension building on another.

We also recognize that we live in a multicultural world, and wellness encompasses areas that may not be specified in this brief discussion. We believe, for example, that trauma is a universal human experience, and that our culture and spiritual beliefs impact our perceptions and everything we do. In summary, wellness is about how we live our lives and the joy and fulfillment and health we experience.



EIGHT DIMENSIONS OF WELLNESS*

When we worry about money (for example, debt or being able to afford what we need), we sometimes experience anxiety (emotional). This can lead to medical problems (physical), and trouble at work (occupational). When this happens, we may even question our own sense of meaning and purpose (spiritual).

At the same time, when we are not working (occupational), we may lose opportunities to interact with others (social), and may not be able to afford the good food and medical care we need to stay well (physical). We may even need to move our home to a place that feels less safe and secure (environmental).

*Source: Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.



CREATING BALANCE

Creating balance in our lives is an important part of wellness. Overall, a balanced life can mean many things, depending on culture, circumstances, resources, and other factors. Balance means making sure we have time to do the things that make us feel happy and fulfilled. This includes working (paid or unpaid), having fun, spending time with family and friends, participating in the community, being physically active—including sexually—praying, and relaxing and sleeping.

Because we each have individual needs, preferences, and capabilities, what we consider “balance” will also look different. And it’s important for us to re-balance from time to time, to adjust to what is going on in our lives.

When we’re trying to get through a tough time—whether it is stress, an illness, trauma, or an emotional challenge—balance is especially important. In these times, our habits and routines can help us get that feeling of control back. This means focusing on ourselves as well as the roles we play in the lives of others—like being students, friends, parents, spouses, coworkers, congregants, hobbyists, community members, and citizens.

Our roles and relationships help define who we are, what gives us a sense of purpose, and how our lives are interdependent on other people, animals, and the environment.

Being engaged in life and relationships provides a measure of balance and overall wellness. For example, swimming has physical benefits (building strength, improving circulation), as well as social (meeting other people) and emotional benefits (relieving stress). But we don’t have to swim laps every week to be well; getting into the pool even occasionally is a great step.

Having a safe and clean living environment helps us feel organized and in control. It can be a way to get physical activity in as well, and offers the chance for partners and families to work together.

On the flip side, simply finding time to relax can go a long way toward finding balance in our lives. “Down time” can provide the space we need to think through a situation or work through our feelings, or just let us rest.



EMBRACING SUPPORT FROM OTHERS

Most of us know something that we do that makes us feel good about ourselves, or in balance. It could be as different as taking our dog for a walk, or balancing our checkbook. And any step in that direction, such as finding a new walking route or gathering receipts from a purse, is positive.

However, sometimes we may want advice from family and friends. That's OK, too, and is where support from others comes in.

Talking with someone who has been through similar things—whether it is a mental health issue, addiction, trauma, pain issues, smoking, diabetes, bullying, or abuse—makes us feel less alone. When we realize others have had similar feelings and experiences and have been able to move forward and grow, it can give us the confidence to move forward, too.

With a support group, we can expect:

- Supportive input from people with a range of backgrounds who have experiences similar to ours;
- A chance to support others by our presence, compassion, our ideas, and empathy; and
- People who can suggest services or resources we might not have considered.

We can find supportive people in many places—a community or church/synagogue/mosque/temple group, at work, or through volunteering efforts, to name a few.

VALUING ROUTINES AND HABITS


Having self-defined routines and habits can offer personal balance and satisfaction.

Routine and habit is generally determined by our basic needs (nutrition/food, shelter, social affiliation, safety, etc.), and the various roles we occupy in society. Our habits affect what we eat, what we wear, how we relate to others, how we go to work, how we spend or save money, and more.

Habits become ingrained in us—and are often tough to change. For example, we might put ourselves down or feel we need a particular thing or person to get us through a tough spot. We can learn otherwise.

Life demands, stress, crisis, or trauma can impact or alter our routines and habits. This can lead to emotional (anxiety, depression), social (cranky, isolated, angry), or physical (tired, agitated) imbalances.

Establishing new, better habits that support our wellness goals and values can be challenging, but worth it. Developing healthier routines and habits in our lives can lead to positive feelings (emotional), relationship satisfaction (social), increased energy (physical), inspiration (emotional), and a feeling that we are using our creative talents, skills, and abilities to engage in activities (occupational, intellectual, spiritual).



We may already have regular practices that make us feel better, such as mindfulness exercises, meditation or yoga, or calls to friends. It could even be avoiding the news at night, or spending less time online. You, as the expert on yourself, will know what works and what doesn't in all the dimensions. When you are not sure, you can ask someone and think together about what makes sense and what next steps might work best.

We can also consider:

- Being active in activities that have purpose. If our daily routine lacks meaning, we can feel distressed or powerless.
- Increasing activities that contribute to our wellness. Talking with a friend at the start of the day may help set a good intention or plan for the day.
- Getting a good night's rest. Insomnia can noticeably impact social relationships, physical and emotional reactions, productivity, and our ability to concentrate and accomplish tasks.
- Being aware of the right amount of social interaction. It's important to know our limits.
- Remembering that time zone changes or daylight saving time can impact our mood and our routines; readjusting is normal.
- Using a routine that works for us. Calendars help us remember when or how often we want to get things done, such as get an oil change, clean the refrigerator, celebrate an accomplishment, call a friend or family member, check our financial records, and schedule an annual physical.
- Repeating a behavior until it becomes automatic, such as taking medication. Checklists help us make sure that important tasks are not being forgotten.
- Creating a wellness lifestyle can be challenging, but finding the right information, supports, and resources and tracking our progress can help us get there.



IMPROVING OUR PHYSICAL WELLNESS

A healthy body. Good physical health habits. Nutrition, exercise, and appropriate health care. These make up the physical dimension of wellness. A few ways we can get there might be choosing things that make our body feel good and trimming back the things that bring us down. We can also feel better by creating a routine that balances activity with inactivity, and that is manageable within our obligations and needs. Our body is intelligent, and learning to listen to it more deeply may be very important and empowering.

AREA	THINK ABOUT...	RESOURCES
Nutrition	<ul style="list-style-type: none"> • Do you have access to fresh, healthy food? • Are you in a position to eat at home so you can better track what you are putting into your body? • Are you improving your diet by setting small goals for small changes each day, week, or month? 	<ul style="list-style-type: none"> • Check out local food co-ops if one is in your area for good, affordable food. • Visit USDA's Choose My Plate (http://www.choosemyplate.gov) or Food Pyramid.com (http://www.foodpyramid.com). • Meet with dietitians and nutritionists if you need help, or try programs like Weight Watchers. • Explore self-help support groups and organizations, like TOPS or Overeaters Anonymous.
Physical Activity	<ul style="list-style-type: none"> • Are you getting regular physical activity whenever you can, and making it fun? • Have you been taking "shortcuts" to exercise, like parking further away from the store and taking the stairs instead of the elevator or escalator? • Have you identified your healthy Body Mass Index and begun working toward it, one day at a time? 	<ul style="list-style-type: none"> • Join and visit local gyms, YMCAs, and fitness clubs, or join a neighborhood pool. • Look through fitness and other magazines for exercises you can do at home. • Check out free resources, such as YouTube, to learn how to do yoga or other exercises. • Search for tracking tools like http://www.myfitnesspal.com that will show how far you've come.
Sleep	<ul style="list-style-type: none"> • Are you getting 7 to 8 hours of sleep a night whenever possible? • Are you avoiding exercise within a few hours of bedtime, as well as "screen time"? • Are you avoiding large meals before going to bed? 	<ul style="list-style-type: none"> • Try managing your routine to carve out time to rest and sleep, and cut back on caffeine. • Explore the tips found on Healthy People. gov (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=38), Mayo Clinic (http://www.mayoclinic.com/health/sleep/HQ01387), and Centers for Disease Control and Prevention (http://www.cdc.gov/sleep).
Alcohol, Tobacco, and Other Drugs	<ul style="list-style-type: none"> • Have you tried tools that can help you cut down or quit using tobacco products, alcohol, or other drugs? • Are you reaching out to family or friends instead of using substances when you are going through a tough time? • Are you being mindful of triggers that make you want to use substances and do you have a plan that can help you avoid them? 	<ul style="list-style-type: none"> • Find support groups and 12-step groups, like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), in your community and attend meetings. • Consider engaging in hypnosis, acupuncture, or nicotine replacement therapy to curb the smoking habit (http://health.howstuffworks.com/wellness/smokingcessation/tools-to-help-successfully-quit-smoking.htm).
Medication Safety	<ul style="list-style-type: none"> • Do you wear medical alert jewelry to help others help you? • Are you storing medications properly and reviewing the expiration dates? • Do you carry a list of your medications with you in case of emergency? 	<ul style="list-style-type: none"> • Talk to your doctor, using a process of shared decision-making when you are unsure about a prescription or need guidance. (http://media.samhsa.gov/consumersurvivor/sdm/StartHere.html) • Learn more about potential side effects from Consumer Med Safety.org (http://www.consumermedsafety.org) and Consumer Reports (http://www.consumerreports.org).
Preventive Medicine	<ul style="list-style-type: none"> • Do you visit your doctor, dentist, or other health care provider for routine care and monitoring? • Do you know how to check your blood pressure, waist circumference, and blood sugar to prevent chronic conditions like diabetes? 	<ul style="list-style-type: none"> • Discuss preventive health care with your doctor, dentist, or other health care provider. • Visit your local public health center and use HRSA Find A HelpCenter (http://findahealthcenter.hrsa.gov/) to find the closest location to you. • Consider seeing a holistic health provider or attending community health fairs.

WAYS TO IMPROVE MY
PHYSICAL WELLNESS



WHAT I WILL DO	WHAT I NEED



IMPROVING OUR INTELLECTUAL WELLNESS

The Intellectual Wellness Dimension involves many things that keep our brains active and our intellect expanding. In a broad sense, this dimension can involve looking at different perspectives of an issue and taking them into consideration. Through a number of activities—from learning about current events to organizing game nights in your home or community center—you can broaden your perspective and understand diverse points of view.

AREA	THINK ABOUT...	RESOURCES
Personal Interests	<ul style="list-style-type: none"> • Have you considered teaching a class or leading a workshop based on skills, knowledge, or experience you have? • Do you enjoy reading? Might you be interested in books, magazines, blogs, Facebook, etc.? • What would you like to do or learn? Have you considered creative arts such as drawing, pottery, or photography? How about martial arts or learning about nature or about improving your computer skills? • Have you considered inviting a friend, family member, or coworker to attend a lecture, musical performance, or play? 	<ul style="list-style-type: none"> • Find a community group or organization where you could teach a class or a workshop, or lead a discussion. • Consider becoming a member at the local public library to gain access to books, book readings, and other events. • Explore public events in your community by checking out the events section in the newspaper. • Flip through travel books or go online to find places you might enjoy reading about or visiting. • Sign up for a computer class.
Education	<ul style="list-style-type: none"> • If you are interested in continuing education, are there available classes near you that might lead you to getting a volunteer or paid job or to performing better at a job? • Are you interested in improving your language skills or learning a new language, whether one-on-one, through a group class, or via CDs or online resources? 	<ul style="list-style-type: none"> • Check out local college websites for information on classes they offer to the public. • See what kind of skills training—such as writing, sign language, or blogging— might be available at the public library, local congregations, local colleges, or other community organizations.
Brain Exercise	<ul style="list-style-type: none"> • Have you explored thrift shops, libraries, or bookstores for books or DVDs that interest you? • Are you keeping your mind sharp by playing brain games, mind teasers, or fun memory-enhancing games? • Have you read up on current affairs locally, nationally, and internationally lately? 	<ul style="list-style-type: none"> • Subscribe to your local newspaper or pick up a free edition. Many offer sections on subjects that are local, national, and international. • Play crossword puzzles and other games like Sudoku. • Become familiar with websites like Games for the Brain (http://www.gamesforthebrain.com/).
Conversation	<ul style="list-style-type: none"> • Do you enjoy taking part in discussions, intellectual conversations, debates, or other ways of gaining an enhanced understanding of issues? 	<ul style="list-style-type: none"> • Befriend people who can stimulate your mind, and get into a discussion with them about topics that interest you.

WAYS TO IMPROVE MY
INTELLECTUAL WELLNESS



WHAT I WILL DO	WHAT I NEED



IMPROVING OUR FINANCIAL WELLNESS

There are many definitions of what constitutes being financially well, but overall, the Financial Wellness Dimension involves things such as income, debt, and savings, as well as a person's understanding of financial processes and resources. A person's satisfaction with their current financial situation and future prospects also comes into play.

AREA	THINK ABOUT...	RESOURCES
Work	<ul style="list-style-type: none"> How does the domain of financial wellness impact your life? How it is related to your wellness? Does your current job allow you to meet your obligations and have resources to do things you enjoy? Are you working in a field that you are passionate about or do well? Or are you looking at doing something differently, perhaps more personally gratifying? Are you looking for paid or volunteer work? 	<ul style="list-style-type: none"> Check out the classified ads— particularly on Sunday. Search them online any day of the week. Explore sites like Careerbuilder.com or Monster.com, and consider establishing a profile on LinkedIn. Visit the unemployment office in your state or county to find classes that could train you for a job. Have your résumé updated so you can promptly submit it when you see an opportunity. If you receive disability benefits, explore your work options without losing SSI/SSDI benefits until you can support yourself. For a guide to working without affecting your benefits, go to: http://www.socialsecurity.gov/pubs/EN-05-10069.pdf
Checking/ Savings Accounts	<ul style="list-style-type: none"> Do you balance your checkbook often enough, ensuring that you don't overextend yourself? Are your savings in line with your life goals, such as taking a vacation, home ownership, or retirement? Do you have a weekly or monthly budget so you can plan for expenses such as rent and groceries and have a little left over to enjoy? 	<ul style="list-style-type: none"> Ask the bank about the types of accounts available— such as checking and savings accounts—so you are using them to your advantage and gaining interest where available. Find out if the bank offers tools you can use to keep track of your money. If you're receiving disability benefits, there's a limit on how much you can save without affecting your benefits. Read more about allowable savings at: http://www.ehow.com/info_8247348_can-receive-ssi-social-security.html
Debt	<ul style="list-style-type: none"> Would it be helpful to figure out your total debt and make a plan to pay it down in a manageable way? Have you thought about getting help from a person who specializes in money management or personal finances? 	<ul style="list-style-type: none"> Look in your classifieds or search online for organizations that can help you pay down debt. Make sure you use a company that is credible. Consider asking your bank to help you with financial planning and other areas where you may want assistance.
Retirement/ Other Accounts	<ul style="list-style-type: none"> Have you opened a savings account or another kind of account that works for you? However, if you're receiving disability benefits, there's a limit on how much you can save without affecting your benefits. SSI requires that your resources are under \$2,000 for an individual or \$3,000 for a couple. This includes bank accounts, cash, stocks, bonds. However, your home, household furnishings, car, burial plots, and insurance under \$1,500 are not included. 	<ul style="list-style-type: none"> There are free or low-cost services that can help you plan for the future. The local library can often direct you to affordable financial planning resources. If you are receiving disability benefits, read more about allowable savings at: http://www.ehow.com/info_8247348_can-receive-ssi-social-security.html The Social Security Administration (SSA) has a toll-free number that can answer your questions Monday through Friday: 1-800-772-1213

WAYS TO IMPROVE MY
FINANCIAL WELLNESS



WHAT I WILL DO	WHAT I NEED



IMPROVING OUR ENVIRONMENTAL WELLNESS

The Environmental Wellness Dimension involves being able to be safe and feel safe. This can include:

- Accessing clean air, food, and water;
- Preserving the areas where we live, learn, and work;
- Occupying pleasant, stimulating environments that support our well-being; and
- Promoting learning, contemplation, and relaxation in natural places and spaces.

AREA	THINK ABOUT...	RESOURCES
Green Living	<ul style="list-style-type: none"> • Are you recycling whenever possible, and buying recycled products? • Do you limit the power and water you use at home? • Are you taking public transportation? • Do you check your car's emissions every year, even if not required by law? 	<ul style="list-style-type: none"> • Get recycling bins for your home—they may be free from your town. • Look for cleanup volunteer efforts, such as collecting trash from roadways or parks. • Explore the “green” aisles at home improvement stores; they often have energy-efficient light bulbs and other products
Change of Scenery	<ul style="list-style-type: none"> • Are you spending as much time outdoors as possible? • Have you visited a public park to either play a sport like tennis or basketball or just take a walk? 	<ul style="list-style-type: none"> • Figure out what outdoor activities make you feel good, and then find a few options that make it easy to do that. • During work hours, take a break to walk around the block or buy bottled water from a nearby store.
Home and Work Environment	<ul style="list-style-type: none"> • Are you going through mail and other paperwork frequently to get rid of clutter? • Do you organize your work space from time to time and add things that make you happy? • Is your living space filled with styles and textures you enjoy? 	<ul style="list-style-type: none"> • Make a schedule to clean up your home or living space. It could be by room or activity (bathrooms on Sunday, dusting and sweeping every Wednesday, etc.). • Look in magazines or online and find styles you like best so that you're comfortable in your living space

WAYS TO IMPROVE MY ENVIRONMENTAL WELLNESS



WHAT I WILL DO	WHAT I NEED



IMPROVING OUR SPIRITUAL WELLNESS

The Spiritual Wellness Dimension is a broad concept that represents one's personal beliefs and values and involves having meaning, purpose, and a sense of balance and peace. It includes:

- Recognizing our search for meaning and purpose in human existence; and
- Developing an appreciation for life and the natural forces that exist in the universe.

AREA	THINK ABOUT...	RESOURCES
Beliefs	<ul style="list-style-type: none"> • Are you taking the time to determine what values, principles, and beliefs are important to you? Have you considered talking about them with others? • Have you learned about other religions and beliefs, and are you respectful of them? • Are you using your spirituality to drive your actions and thoughts and give a better meaning to life? 	<ul style="list-style-type: none"> • Read about other types of beliefs to help you become more understanding, accepting, and open-minded. • Keep your beliefs in your thoughts to use them in your everyday life. • Share your beliefs, values, and principles with others, as appropriate, as a means of deepening relationships and expanding your world view.
Involvement	<ul style="list-style-type: none"> • Have you looked for a group in your community that deepens your spiritual practice and helps you connect with others who share your beliefs? • Are you being social with the people in your organization? • Do you reach out and help others when they are in need? 	<ul style="list-style-type: none"> • Learn about different organizations or groups in your community and decide which ones are the best fit for you. • Find out about the many groups offered within your organization and get involved.
Time	<ul style="list-style-type: none"> • Do you take the time each day to meditate or reflect on your spirituality? • Are you open to exploring different belief systems? • Are you receptive to your own spirituality even in times of pain and grief? This is when we find how our spirituality can help us most. • Do you take the time to appreciate the beauty of nature when possible? 	<ul style="list-style-type: none"> • As often as possible, find a peaceful location to reflect and meditate. • Learn other religions through books or conversation.

WAYS TO IMPROVE MY
SPIRITUAL WELLNESS



WHAT I WILL DO	WHAT I NEED



IMPROVING OUR SOCIAL WELLNESS

The Social Wellness Dimension involves having healthy relationships with friends, family, and the community, and having an interest in and concern for the needs of others and humankind.

AREA	THINK ABOUT...	RESOURCES
Community	<ul style="list-style-type: none"> • Have you found support groups in your area to connect on important issues? • Have you made a date with friends for a movie, dinner, coffee, or other social activities? • Are you keeping in touch with family or friends? You can pick up the phone and catch up if they are too far away—even a phone call can lift your spirits. 	<ul style="list-style-type: none"> • Ask your doctor, a friend or family member, someone from your congregation, or others in your community about support groups. • Look online or in the local paper for groups that share your interests—whether it's knitting or playing softball. • Pick up the phone and connect with others.
New People	<ul style="list-style-type: none"> • Are you getting out and meeting people with your same interests? If you like art, try a gallery; if you enjoy history, visit historic sites. • Are you open to meeting people from different backgrounds? • Have you found a place to volunteer? You never know who you might meet. 	<ul style="list-style-type: none"> • Look in the newspaper to find out what is happening in your area that could be an opportunity to make friends. • Keep an open mind and exercise your curious inquiry when meeting new people. • Ask in your spiritual community or any other community about volunteer opportunities. • Join meet-up groups online.
Social Time	<ul style="list-style-type: none"> • Do you set aside quality time to spend with family and friends? • Are you making time to go to places where you can meet new people, or visiting a new location? 	<ul style="list-style-type: none"> • Keep track of when you need to catch up with someone or when a friend or family member is due for a visit. • Organize a calendar of events that would be good ways to connect, or reconnect, to friends, like a public concert or a class reunion.

WAYS TO IMPROVE MY
SOCIAL WELLNESS



WHAT I WILL DO	WHAT I NEED

IMPROVING OUR OCCUPATIONAL WELLNESS

The Occupational Wellness Dimension involves participating in activities that provide meaning and purpose and reflect personal values, interests, and beliefs, including employment.

AREA	THINK ABOUT...	RESOURCES
Work Relationships	<ul style="list-style-type: none"> • Are you involved in a career or volunteer work that fits your values? If retired, are you planning to do something every day? • Do you have an open line of communication with your employer/ coworkers? • Does your work offer personal satisfaction and stimulation, and allow you to contribute your talents, gifts, and knowledge? 	<ul style="list-style-type: none"> • Think about where you are in your career and life and pursue jobs that will work well within that framework. • Explore all of your career options but review jobs on Careerbuilder.com or Monster.com. • If you receive disability benefits, explore your work options without losing SSI/SSDI benefits until you can support yourself. To calculate the amount you can earn, go to: http://www.socialsecurity.gov/pubs/EN-05-10069.pdf • Talk to your employer/ coworkers about how they like to communicate so everyone can be responsive to individual needs and work styles. • When something is not working at work, let people know what would help.
Balance	<ul style="list-style-type: none"> • Do you schedule time for leisure? Are you spending time with friends, taking nature walks, scheduling massages, or doing whatever it takes to relax? • Are you thinking about how you spend time each day and considering volunteer work in the community? 	<ul style="list-style-type: none"> • Research careers/employment that involve the activities you enjoy most yet provide the flexibility for a balanced life. • Keep a calendar. Be sure to look it over and schedule time for activities that you enjoy. • Use tracking tools to balance your workload. Ask for help if your workload becomes overwhelming.
Accomplishment	<ul style="list-style-type: none"> • Are you in a career that you look forward to and that gives you a sense of accomplishment and pride? • Are you patting yourself on the back for your accomplishments? 	<ul style="list-style-type: none"> • Take the time to think of what you enjoy most, and research careers/ employment in that area.

WAYS TO IMPROVE MY
OCCUPATIONAL WELLNESS



WHAT I WILL DO	WHAT I NEED



IMPROVING OUR EMOTIONAL WELLNESS

The Emotional Wellness Dimension involves the ability to express feelings, adjust to emotional challenges, cope with life's stressors, and enjoy life. It includes knowing our strengths as well as what we want to get better at, and living and working on our own but letting others help us from time to time.

AREA	THINK ABOUT...	RESOURCES
Feelings/ Emotions	<ul style="list-style-type: none"> • Do you allow yourself to be open to and acknowledge your feelings without judgment? • Have you found and developed safe relationships with people or groups where you can express your feelings and thoughts? • Do you see challenges as opportunities for growth? • Do you recognize your limitations and learn from your mistakes? • Are you taking responsibility for your actions? 	<ul style="list-style-type: none"> • Reflect each day on your emotions, what can they teach you, and how you can express them. • Consider using a journal to record feelings and thoughts. • Develop regular habits that help you process and deal with your feelings effectively so you move forward in fulfilling your emotional needs. • Find a place where you feel the most comfortable and go there when you feel a need for comfort, quiet space, or safety.
Self-Care	<ul style="list-style-type: none"> • Have you joined support groups, or thought about starting one? • Do you write your thoughts in a journal, listen to music, or talk to family or friends when you are in need? • Have you tried yoga, breathing, or meditation to remain calm and centered? • Are you maintaining a daily routine? • Do you leave yourself plenty of time to get to work and other obligations? • Are you eating some meals without distractions, like checking your phone or watching TV? 	<ul style="list-style-type: none"> • Discover what you like to do best, and do it often. It will help keep your spirits and emotions up. • Find an outlet for physical activity, such as a sports league or a gym/fitness center. • Take some time to yourself regularly. • Identify resources that can help you with a sleep schedule or ideas for meal planning. • Practice positive self-affirmations. Develop a positive statement to repeat to yourself daily. When you change your thoughts, you can change your mood and attitude.
Stress	<ul style="list-style-type: none"> • Are you learning to manage stress in ways that work for your lifestyle? • Do you recognize stress triggers and appreciate that you are not your feelings? Feelings are fleeting and will pass. • Do you welcome and cultivate positive, empowering thoughts and emotions? 	<ul style="list-style-type: none"> • Take a step back when in a stressful situation. • Practice deep breathing or other relaxation techniques. • Try out different coping exercises or strategies when not in a stressful situation. When challenges arise, you will be better prepared to deal with them. • Practice finding positives (a silver lining) in something that you feel is negative. Support others in doing this, as well.

WAYS TO IMPROVE MY EMOTIONAL WELLNESS



WHAT I WILL DO	WHAT I NEED

Learn more about the Eight Dimensions of Wellness.
VISIT WWW.SAMHSA.GOV/WELLNESS-INITIATIVE



2018 – 2019 Annual Report

A not for profit 501 (c) (3) corporation and a CARF International Accredited Network, CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region that includes the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services includes: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.*

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. Mission is accomplished through seeking, developing, and nurturing partnerships with outstanding providers who offer high quality compassionate services. CFBHN continually meets the changing needs of the public safety net and manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF is the Commission on Accreditation of Rehabilitation Facilities*



Collaborating for Excellence

“Central Florida Behavioral Health Network provides the right service, at the right time in order to save lives and ensure we have healthy communities.”

Stronger Together

We are pleased to present our 2018–2019 Annual Report to the community.



Linda McKinnon, President & CEO

Over 20 years ago Central Florida Behavioral Health Network was founded on a single vision: we come together with our providers and communities to identify solutions and assure that persons living with mental illnesses and addictions have access to comprehensive, high quality care. CFBHN ensures that each community served in our network has a viable behavioral health safety net for their citizens. This mantra continues to inspire and guide our work every day.

Since then, we have steadily strengthened behavioral health care to benefit those we serve. From raising public awareness about mental health and substance use issues, fiercely advocating for policies that support community behavioral health, providing trainings on clinical best practices and implementing innovative services to address specific community needs. CFBHN has made considerable progress.

This past year is no different. I invite you to read about the variety of programs and successes achieved at CFBHN. Should you have any questions or comments please don't hesitate to contact us through our website at www.cfbhn.org. I also welcome your comments and can be reached at lmckinnon@cfbhn.org

Vision

Envisioning communities where accessible behavioral healthcare enhances the lives of all

Mission

Central Florida Behavioral Health Network: Managing a quality behavioral health system of care that brings help and hope to individuals, families and communities

Values

Accountability

Advocacy

Collaboration

Innovation

Transparency





Bridging Gaps with Management Solutions

Education and Advocacy

- The dynamic website continues to provide highly responsive and consumer friendly information
- Social Media expanded reach and engagement with original content and educational messaging
- What to Expect video series debuted November 2018 and focused on crisis services for mental health and substance abuse for adults and children
- Medicare Part D media campaign ran October 2018 to December 2018 on CW44 in prime time. This was made possible through a grant from Phrma
- Staff and Programs were featured on the CW44 Bayside TV show and staff have also been interviewed by media outlets and appeared on TV news shows throughout the year
- Information is routinely provided to elected officials, staff and legislative delegations throughout the network, and US Congressional elected representatives in district and Washington
- Education and advocacy is provided via town halls, forums and other gatherings concerning the Opioid Crisis
- Larry Allen (Chief Operating Officer), Marcia Gonzalez Monroe (Chief Clinical Officer), and Doris Griggs Nardelli (Director of Communications) presented workshops and poster presentations at national and state professional conferences including: The National Council for Behavioral Health, the Florida Behavioral Health Conference, and the Florida School of Addictions
- Numerous staff continue board service nationally, on a state level and locally

Consumer & Family Affairs

- Promoted and supported Network Service Providers (NSP's) to use the Wraparound to fidelity model for children diagnosed with SED and their families receiving mental health services, coordinated Wraparound trainings, coaching, and Wraparound Community Workgroups. Provided technical assistance to NSP's who wished to obtain the Organizational WRAP certification.
- Collaborated with the Department of Children & Families (DCF) to pilot the Self-Assessment Planning Tool (SAPT) spawned by the statewide ROSC initiative. Eight participating NSP's used SAPT and developed strategies to implement their action plans for transforming service delivery. NSP's participated on DCF's monthly statewide SAPT Technical Assistance conference calls and in CFBHN's Suncoast regional monthly ROSC Transformation Workgroup to promote recovery principles in their service delivery and throughout their community.
- Developed recovery capital (recovery-oriented resources) through collaborative efforts with local grass roots organizations such as peer, family and youth run organizations, faith-based leaders and NSP's. These collaborates resulted in PEMHS Wellness-Center, Recovery to Work and ClubHouse models (Pasco and Hillsborough), Recovery Community Organizations (RCO's in Hillsborough, Lee, Pasco, and Polk), and a new Florida Recovery School (Pasco) collaborative.
- Developed a pathway for individuals who hold a Provisional Recovery Peer Specialist Certification (CRPS)-P to receive the necessary 500 supervised work hours to achieve their "Standard" Certification. This

initiative was piloted through a partnership between CFBHN's Consumer and Family Affairs department, PEMHS and NAMI Pinellas.

- Developed a pilot program through NAMI Pinellas to assist Peers (Adults, Family, Veteran and Youth) to achieve their certification in Certified Recovery Peer Specialist (CRPS) and enter the workforce to deliver Peer Services.
- Provided Substance Use Recovery and Mental Health community educational forums to include faith-based leaders and judicial (juvenile and adult) staff members. Over 300 community, faith leaders, and judicial personnel participated in these educational forums throughout the region.
- Developed and maintained a monthly ROSC Transformation Workgroup to promote recovery principles in service delivery throughout the Suncoast Region.
- Developed and maintained the Suncoast Region Recovery Peer Advocacy Council which provides networking among peers, assistance in applying for Recovery Peer Specialist certification, and continued education and supports to those who are employed or volunteering as Recovery Peer Specialists. Additionally, committee members enhanced workforce development, decreased stigma in the community, and carried a message of recovery, empowerment, and hope to individuals and family members living with mental illness and/or substance abuse challenges.
- C&FA Staff collaborated with NAMI Affiliates and community Sheriff Offices to provide insight from the consumer and family perspective to deputies/officers/staff during Crisis Intervention Team (CIT) training.

Bridging Gaps with Management Solutions (continued)

- Offered free “Helping Others Heal” (40-hour State approved curriculum) and evidence-based Wellness Recovery Action Plan (WRAP) trainings to increase/develop Recovery Peer Support services in NSP organizations.

- The Federal Children’s System of Care Sustainability grant is \$425,000 annually for five years in Pinellas and Pasco Counties and is overseen by the C&FA team. The grant funds staff positions, provides for incidental crisis funding, provides for contracted children’s service array, Wraparound training and technical assistance.

Financial Management & Human Resources

Human Resources

- Employee turnover rate was a low 8.82%
- Employee benefits include:
 - 100% employer coverage for medical and dental with minimal increases
 - Continued 5% contribution to employee 401k
 - 100% Teladoc services

Financial Management

- Received an unmodified (clean) independent audit
- Issued a Request for Proposal (RFP) and contracted for a new CAT Team in Hendry and Glades Counties.
- Issued an RFP and contracted for Early Intervention – Psychotic Disorders Services in Hillsborough County.
- Issued an RFP and contracted for Mobile Crisis Services in Circuit 6 and Circuit 20; added funding to existing mobile crisis NSP’s to expand services.
- Issued an RFP for a FACT Team in Collier County to establish a new NSP.
- Issued an RFP and contracted for CAT Team in Lee County to establish a new NSP.
- Contracted with IMPOWER to provider telemedicine in the rural counties of Hendry and Glades.
- Contracted with NAMI Collier in Circuit 20 for Hurricane Irma Counseling Services.

- Contracted new recurring substance abuse funding (OCA: MSCBS) for \$3,859,885. CFBHN applied our equity model, which increased Circuit 20’s equity by 7% or \$5.69 in adjusted SAMH funding per uninsured.

Information Management

- FASAMS – analysis, development planning and testing for statewide launch of new reporting system with DCF

Network Development & Clinical Services

Prevention

- Work collaboratively with 28 contracted community prevention providers and drug free coalitions to educate and inform adults and children regarding substance abuse prevention and wellness.
- Participates in monthly DCF calls to collaborate on strategic planning regarding substance abuse prevention strategies and program outcomes.
- Works with faith based leaders, business owners, behavioral health providers, and families regarding prevention topics and action step strategies to promote healthy behaviors thru quarterly regional community health and wellness, SPF/Strategic planning, and Open Forum work groups.
- Support substance abuse prevention coalitions and NSP’s partnerships with community centers such Boys and Girls Club, Recreational Centers, PAL (Police Athletic Leagues), and Sports/Arts Camps, etc. that provide classroom learning style evidence based prevention programs.
- Meets monthly with the statewide Florida Alcohol and Drug Abuse Association (FADAA) Prevention Committee to support strategies regarding mitigation and reduction of drug use and consumption patterns.

Children’s Mental Health

- Child System of Care CMH Team provided education, technical assistance and guidance to community stakeholders, families and system partners on the continuum of services within the system of care. Facilitated three circuit staffings for system partners focusing on “Accessing Levels of Care”.

- CMH was an active partner in the Marjorie-Stoneman Douglas Act interagency planning across the 14 counties which increased communication between all system partners including law enforcement, schools, Medicaid plans, and other community stakeholders focused on high risk youth.

- Two CMH staff members received the DCF Child Welfare Excellence Award during this past fiscal year for their hard work and dedication in assisting DCF and other community partners in diverting high risk youth from child welfare and higher levels of care.

- CMH team provided technical assistance and guidance to System of Care NSP’s to identify high-risk youth emphasizing prevention, intervention and resources to our consumers via Youth at Risk staffing models. This Youth at Risk Staffing Model is now being actively used in 3 of the 5 circuits within the network and the CMH Team continues to offer technical assistance for development of the Youth at Risk Staffing Model for the additional 2 circuits. CMH Team participated in 118 Youth at Risk Staffing calls which assisted in early identification and linkage of high risk youth to divert from the potential of experiencing deeper systemic interfaces.

- CMH team participated in 568 interagency calls this fiscal year including Critical Case staffings, Child Specific Staffing Team staffings, and Youth at Risk staffings. Out of the 568 interagency calls, there were 242 critical case staffing calls which resulted in 234 youth being diverted from child welfare and deeper end systems of care during the call.

- CMH team continued weekly Children Specific Staffing Team (CSST) meetings this fiscal year to provide additional support, education, and communication between referral agents and community stakeholders, focused on residential referrals to the Statewide Inpatient Psychiatric Programs and Therapeutic Group Homes. Several Managed Medicaid Assistance Plans (MMA’s) have reported positive feedback on CFBHN utilization of these weekly CSST’s this fiscal year.

Child Welfare

- New guidelines for the Family Intervention Specialist (FIS) program were established

Bridging Gaps with Management Solutions (continued)

based on an in depth evaluation of the program and past outcomes. New guidelines provided additional focus on treatment engagement and a standardized framework for all FIS programs funded through CFBHN.

- Behavioral Health Consultant (BHC) positions funded through CFBHN and additional BHC positions funded through DCF have been aligned to provide consistent services throughout the SunCoast Region and Circuit 10. The BHC provides subject matter expert assistance to the Child Protective Investigation staff and has proved to be an invaluable resource. The collaboration between CFBHN and DCF has allowed for expansion of BHCs to areas previously not offered the service.
- In depth data review of the Family Intensive Treatment Team (FIT) was completed to highlight areas of focus for future improvement. Additionally, more extensive data analysis (including inclusion of child welfare outcomes) is underway. CFBHN is collaborating with other managing entities, DCF, and other pertinent stakeholders on various projects to improve the FIT model.
- Updated data tracking and tools for analysis for FIS, FIT, and BHC programs have been established providing more detailed information, thus allowing for more thorough and accurate analysis of the success of each program.

Adult System of Care

- AMH Program Manager Assisted with 50 DCF Tracker cases with an average response time of less than 24 hours.
- AMH staff assisted community members in over 965 priority and non-priority calls.
- AMH staff delivered more than 20 onsite and webinar trainings, which included six Adult Mental Health First Aid and Youth Mental Health First Aid courses.

FACT Teams and State Mental Health Treatment Facilities (SMHTF –Hospital)

- AMH Staff assisted with 163 admissions to FACT this FY. 29% were diversions from SMHTF admission and 30% were direct discharges from the SMHTF to FACT.
- There were 176 FACT discharges.
- Year-end census for FACT 1399/1400 slots filled.

- 42 referrals to Residential services resulting in 10% admit rate. Sharp increase of inappropriate discharge referrals from the SMHTF.
- Between July 2018 and June 2019, FACT admitted 1139 clients and discharged 1045 clients.
- Procured the FACT team serving Collier County. David Lawrence was awarded the contract and has done an outstanding job implementing the team.

Forensic

- Diverted 148 forensic individuals from SMHTF during 2018-2019 fiscal year.
- Facilitated over 350 forensic residential referrals to regional community partners to promote diversions from the forensic SMHTF.
- Assisted with 600 Forensic SMHTF Admissions.
- The Hillsborough Forensic Multidisciplinary Team remained over capacity with 90 active individuals on the team. The team has hired three additional case managers and actively worked to increase capacity of the team by 45+ individuals for a total of 90.
- Monitored 538 individuals on Conditional Release.
- Coordinated 873 aftercare appointments for inmates returning from State Correctional Institutes at End of Sentence. In addition to scheduled aftercare appointments, 13 Baker Acts from correctional institutes were coordinated at time of release for inmates that were in need of SMHTF.

Utilization Management/Care Coordination

- Collaborated with NSP's to create and implement a region-wide Adult Substance Abuse residential referral form. The implementation of this form has helped to create a more efficient process for moving persons from the waitlist to admission to services.
- Improved data reporting and collection for persons receiving Care Coordination. Persons who accept, but do not actually engage in Care Coordination, are tracked but their data is kept separate from those who accept and fully engage in Care Coordination. Additionally, the monthly provider report was enhanced to better reflect NSP efforts and outcomes with

offering/engaging in MAT services when appropriate, efforts to establish self-sufficiency (including making application for disability benefits, referrals for other resources including vocational efforts, medical/health needs, and other types of income) and housing placements.

- Implemented area meetings for NSP Care Coordination representatives. This has enhanced provider collaboration and improved communication to facilitate treatment of consumers who admit across NSP's as well as sharing of strategies and resource information to enhance Care Coordination efforts.

State Opioid Response

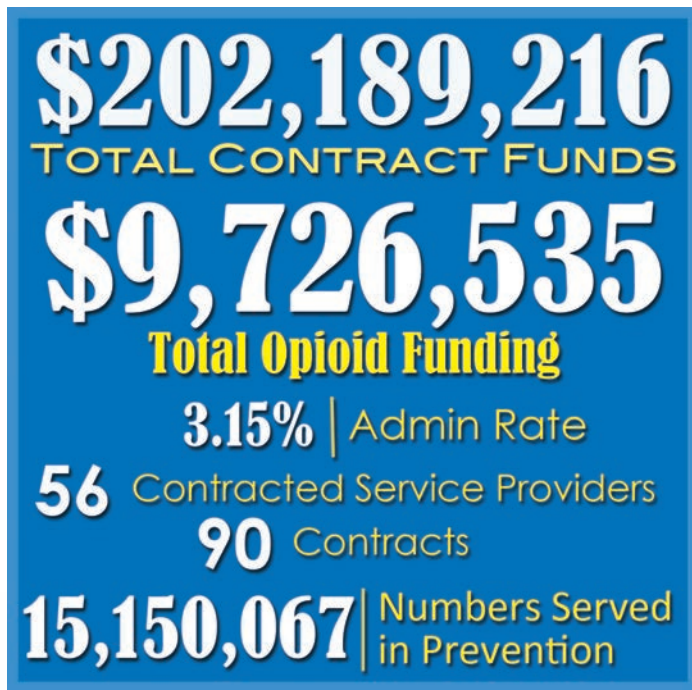
- As the federal government has partnered with states and local governments to address the opioid crisis, CFBHN has worked with providers to implement the SOR (State Opioid Response) program. This wide ranging program supplements and develops enhanced MAT services throughout CFBHN's provider network. A critically important result of the SOR program is the development of hospital bridge partnerships. This program has created an innovative medical/clinical pathway to provide MAT services for individuals entering hospital emergency rooms. CFBHN has facilitated the development of three hospital bridge programs (DACCO - Tampa General, ACTS – Tampa General, & First Step of Sarasota – Sarasota Memorial). Each of the hospital bridge partnerships have provided a pathway for much needed MAT services and given hospital emergency rooms a process for referring individuals for appropriate substance abuse services. Moving forward, CFBHN will use SOR funding to enhance the child welfare system of care, helping to decrease removals and provide critical substance abuse referrals and services for MAT treatment. CFBHN will continue to utilize SOR funds in order to increase and enhance access to MAT services across the Suncoast/C10 region.

Quality Improvement

- The RL6 Risk Management Incident Reporting Software has improved communications with NSP's.
- Overall, survey results continue to track positive compared to previous years.

Community Focus...

Individual Results



Current Snapshot

July 1, 2018, began CFBHN's ninth year managing the safety net system of care for substance abuse and mental health services funded through the Florida Department of Children & Families. Community voices are heard and supported via Coalitions, Consortiums, and Regional Councils in all fourteen counties. CFBHN managed \$202,189,216 service dollars and \$9,726,535 in opioid funding contracted through community organizations serving approximately 120,000 persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services. CFBHN also reached 15,150,067 individuals through prevention messaging and services. Contracted funds were efficiently and effectively managed at a 3.15% administrative rate – a good value for Florida taxpayers.

Linda McKinnon Reelected to Represent Southeast Region on National Stage

Linda McKinnon, President & CEO, was reelected as a Board Member to the National Council for Behavioral Health representing the Southeast Region 4 (North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi and Tennessee). Her leadership and expertise has been valuable as she worked with the National organization to raise awareness for the behavioral health care needs of US citizens.



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

Tragedy at Marjory Stoneman Douglas High School Results in Coordinated and Comprehensive Response to Protect Children in Florida Schools

The tragic mass shooting last year of children and teachers at the Marjory Stoneman Douglas High School in Parkland, Florida brought quick response at all levels of government. Bill passage mandated a thorough review of response time and the development of comprehensive systems of protection as well as provision of needed services with the hope that this would avert future tragedies. This year CFBHN was awarded a contract by the District School Board of Pasco County for \$450,304 for school services related to the Marjory Douglas Stoneman Act and currently contracts with seven providers. Additionally, CFBHN also entered into a contract with Uber Health to help with transportation issues in Pasco County for the students being served under the School Board's contract. CFBHN was also awarded a contract by Hillsborough County School Board for \$2,048,677 for school services related to the Marjory Douglas Stoneman Act. Five providers are under contract to provide these services in Hillsborough County. Managing Entities have been at the forefront of working collaboratively with local schools and law enforcement agencies to help facilitate appropriate responses throughout Florida.

Florida Faces Opioid Crisis with Continued Federal Funding

Systems are in place and quick response is the norm for responding to the Opioid Crisis in Florida. Funding puts in place medication assisted treatment (MAT) and outpatient services and provides tools First Responders and Emergency Rooms need to rescue people from the brink of death. Recovery is possible with this critical funding allocated for care. Florida was grateful to receive continued Federal funding for Fiscal Year 2018–2019 of new SOR funding of \$3,757,020 as STR is winding down. It is anticipated that CFBHN will receive \$5 million in Fiscal Year 2019–2020.

Focus on Community Collaboration and Innovative Partnerships



During the fiscal year, CFBHN became heavily engaged with a variety of innovative community collaborations. The focus was on engaging with partners that could quickly bring services where and when they are most needed. The Polk County project called “Helping Hands” is a joint venture of the County Social



Services, the Sheriff’s Department and local Emergency Management Technicians. This program is voluntary for persons who received mental health services while in the local jail and need continued care after their release back into the community. The PICA (Pinellas Integrated Care Alliance) also brings several organizations together to assist with homeless and other individuals who encounter law enforcement and need assistance. Finally, the Sheriff Data Sharing Project uses technology to match booking data information against treatment data for individuals in the care system and connects the individual with a service provider.

Healthy Transitions Helps Young Adults Achieve their Dreams!

Florida Healthy Transitions remains committed to assisting youth and young adults in achieving their dreams. The goal of the program is to assist young people between the ages of 16–25 who are at-risk or living with a serious mental health diagnosis in living their best lives. The program is facilitated in Hillsborough and Pinellas Counties, and the primary program partners are the Florida Department of Children & Families, BMR Consulting, Success 4 Kids & Families, 2-1-1 Crisis Center of Tampa Bay, Suncoast Center and 2-1-1 Tampa Bay Cares.



The program is unique in its approach, as over 70% of the program staff are young adults with lived and life experiences. The

young adult staff are employed as 2-1-1 Intervention Specialists, 2-1-1 Care Coordinators, Transitional Specialists (Intensive Case Managers), Transitional Coordinators (Educational and vocational support), Youth Coordinators, and Peer Support Specialists, hereby creating a peer-to-peer behavioral health service model for transition aged youth and young adults. Since its launch in 2016, the program has provided behavioral health education, outreach, and intervention and/or treatment services to nearly 27,000 youth, young adults and family members. Florida Healthy Transitions is also known throughout the country as a premier program model for youth and young adults, and serves as a mentor for other youth/young adult programs.

The Florida Healthy Transitions partners developed a Return on Investment workgroup. The purpose of the workgroup is to identify the cost deferred as a result of a participant’s enrollment in the program. The workgroup’s preliminary findings indicate that for every \$1.00 spent on Healthy Transitions’ services, nearly \$3.00 are diverted from being used for crisis stabilization and crisis emergency support services. Additionally, program data demonstrate the following successes at the participants’ 6-month enrollment period (n=85):

- ✓ **97%** Participants who feel that staff believe in their recovery
- ✓ **95%** Participants who would still obtain services with Florida Healthy Transitions, despite having other choices
- ✓ **93%** Participants who feel that staff are sensitive to their cultural background
- ✓ **93%** Participants who decided their own treatment goals
- ✓ **91%** Increase among participants whose mental health symptoms are manageable
- ✓ **90%** Increase among participants who are satisfied with their overall health
- ✓ **75%** Decrease in the number of days that participants were hospitalized for mental health crises

Florida Healthy Transitions has been made possible through federal funding and support from Substance Abuse and Mental Health Services Administration (SAMHSA). Federal funding will end in June 2020.

Success stories can be viewed at the CFBHN website www.cfbhn.org landing page for videos or on our YouTube channel at <https://www.youtube.com/c/CentralFloridaBehavioralHealthNetwork>. Additional information can also be located on the program’s website at: <http://flhealthytransitions.org/>

Consumer & Family Affairs Leads System Change for Recovery

Consumer and Family Affairs (C&FA) continues to serve as a member of Florida’s Statewide Recovery Oriented System of Care (ROSC) Transformation of Change Agents (ToCA) to establish an integrated, values based recovery oriented system of care where recovery is expected and achieved through meaningful partnerships and shared decision making with individuals, communities and systems. The C&FA Department is now a mighty

team of five as they have added a family and youth coordinator to work directly in the community.



In the Suncoast Region, C&FA is responsible for developing, implementing and maintaining a strategic plan that supports and aligns with the States Priority of Effort and their five key priorities:

- ✓ Promoting Collaborative Service Relationships
- ✓ Training and Technical Assistance
- ✓ Promoting Community Integration
- ✓ Increasing Peer-based Recovery Services
- ✓ Developing a Strong Recovery Oriented Workforce

Diversity, Equity & Inclusion @ CFBHN

CFBHN is excited to announce the launch of its Staff level and Board level Diversity Committees. The goal of the committees is to facilitate increased awareness, knowledge, skills and cultural humility among both Staff and Board Members. These goals will be achieved through innovative activities, educational sessions, trainings, and opportunities to share personal stories. The ultimate goal is to increase diversity, equity and inclusion of experiences, perspectives and decision-making. The work will be led by Dr. Tonica Freeman-Foster who has been appointed to the National Council on Behavioral Health's Diversity Work Committee in Washington.

CFBHN's Diversity Statement: Central Florida Behavioral Health Network is committed to fostering an environment in which differences among its board, staff, providers, persons served and stakeholders are welcomed and celebrated. We believe through our differences, challenges are overcome, strengths are enriched, and innovative thoughts and ideas flourish.

Enhanced Communications

The CFBHN Website continued to be well received by consumers and NSP's. The dynamic service locator is a key feature along with the Newsroom featuring Blogs, Posts and Videos. Visit the site at www.cfbhn.org.



You can always contact CFBHN via the website and you can subscribe to our Newsletter. Please also connect to us via social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2018-2019 Annual Report. ■

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns. All board members serve without compensation

Officers

Ray Gadd, Chair, Community/Elected Official

District School Board Pasco County

Clara Reynolds, Vice Chair, Provider/Regional Council Chair

CEO Crisis Center of Tampa Bay

The Honorable Paula O'Neil, PH.D., Immediate Past Chair, Community/Elected Official

Pasco County Clerk of the Court & Comptroller

Brena Slater, Secretary, Community/Community Based Care

Sarasota YMCA/Safe Children Coalition

The Honorable Craig Latimer, Treasurer, Community/Business

Hillsborough County Supervisor of Elections

Kevin Lewis, Quality Committee Chair/Community Advocate

Executive Director LARC, Lee Associations for Remarkable Citizens

Community Directors

Joshua T. Barnett, County Government Representative

Health Care services Manager Manatee County Government

Guy Blanchette, Community Representative

President & CEO Drug Free Collier

Josh Dillinger, Community Business Representative

GCD Insurance Consultant

J. Scott Eller, Representative Circuit 12

CEO CASL

Ray Fischer, Community/Community Based Care

Children's Network of Southwest

Nancy Hamilton, Community Representative

Retired CEO Operation PAR

Ayesha Johnson, PHD Community Representative

Florida Department of Health

Tracey Kaly, Community Representative

Director of Ambulatory Clinical Operations Baycare Behavioral Health Children's Treatment Center

Stephanie Krager Deputy, Law Enforcement

Hillsborough County

Kathleen Peters, Legislative Representative

Florida House of Representatives

Robert Rihn, Provider/ Regional Council Chair Circuit 10

CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care

CEO Heartland for Children

Vickie Scanlon, Provider

Charlotte Behavioral Healthcare

Nathan L. Scott, Community Child Welfare Advocate

Child Welfare Policy Coordinator Florida Department of Health

Thomas Stormanns, Community Private Receiving Facility

HCA West and North Florida Divisions

Jerry Wennlund, Provider/ Regional Council Chair Circuit 6

President & CEO PEMHS

Dr. Alvin Wolfe, Community/Child Advocacy

Distinguished Professor Emeritus USF Department of Anthropology



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Central Florida

Behavioral Health Network, Inc.

Your Managing Entity

2019 – 2020 Annual Report

A not for profit 501 (c) (3) corporation and a CARF International Accredited Network, CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region that includes the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services includes: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.*

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. Mission is accomplished through seeking, developing, and nurturing partnerships with outstanding providers who offer high quality compassionate services. CFBHN continually meets the changing needs of the public safety net and manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF is the Commission on Accreditation of Rehabilitation Facilities*

Collaborating for Excellence

Stronger Together

We are pleased to present our 2019-2020 Annual Report to the community.



Linda McKinnon, President & CEO

Dear Community Members and Friends

This has truly been a challenging year for everyone. Who knew at the beginning of our fiscal year that about half way through our entire society would be hit by a worldwide and deadly pandemic, we would be challenged to the core of our collective physique with a renewed call for basic human rights and the financial basis of our society would be severely threatened.

Our routine work to provide the quality services for the community safety net of behavioral health care had to immediately pivot and be reinvented. Access to care became the focus as we transitioned to telehealth services. We had to provide communication and outreach via social media and traditional mediums of TV, Radio and streaming services to let our communities know we were open for business and ready to serve. Our media partners stepped up and provided generous support for Public Service Announcements and sponsored ads which spotlighted our “Open for Business” mantra and the launch of a new 24/7 helpline. We also had to quickly secure and distribute personal protective equipment (PPE) for our frontline workers. Our funding partner, the Department of Children & Families (DCF), and the Florida Association of Managing Entities (FAME) proved pivotal in making this happen. We also had to transition our entire work force to remote operations. This was accomplished with workflow efficiency and safety for everyone in mind.

In response to the Black Lives Matter call for social justice following the tragedies of George Floyd’s death in Minnesota, Breonna Taylor’s death in Kentucky and Jacob Blake’s shooting in Wisconsin, CFBHN issued a statement of support for justice, equity and humanity and our commitment to the safety and well-being of all community members. We have also instituted a staff led, Board level committee to ensure we achieve the highest standards of diversity within our organization.

I could not be prouder of our entire organization and our community partners who have put forth the greatest effort to provide for our communities behavioral health needs during this crisis. I know we will emerge from this pandemic stronger and more focused as we move into the next year. My hope is for continued health and wellbeing for our communities and everyone who lives and works here.

I welcome your comments and can be reached at lmckinnon@cfbhn.org

Vision

Envisioning communities where accessible behavioral healthcare enhances the lives of all

Mission

Central Florida Behavioral Health Network: Managing a quality behavioral health system of care that brings help and hope to individuals, families and communities

Values

Accountability

Advocacy

Collaboration

Innovation

Transparency



“Central Florida Behavioral Health Network provides the right service, at the right time, in the right amount in order to save lives and ensure healthy communities.”



**Clara A. Reynolds; LCSW, MBA,
Chair of the Board**

It has been an honor to serve as President of Central Florida Behavioral Health Network's Board of Directors. In my first term as board chair, the organization has weathered many obstacles, yet has remained steadfast in its mission: managing a quality behavioral health system of care that brings help and hope to individuals, families, and communities. This mission has even greater meaning this year due to the COVID-19 pandemic. I am so proud of the hard work, dedication, compassion, and care that our Central Florida staff and partners provided our community during this very difficult moment. At NO time during the pandemic did services lapse for our clients. Central Florida and its partner providers worked tirelessly and creatively to ensure those who required help were able to receive what they needed by offering tele-therapy, tele-medicine, and other innovative interventions.

There is no question that the strength of Central Florida was tested this year. However, I am confident to report that the challenges only made us stronger. This is important because a behavioral health tsunami is coming in the wake of COVID-19 and more people are going to need our services than ever before. We, as a Board of Directors, understand this and are ready to accelerate our work at the state and local level to ensure the best services are available for our most vulnerable populations. However, it will take more than just Central Florida and our provider partners to make this happen. We need YOU! Your support of our mission is critical, and that support starts with reviewing this annual report. Please read it, ask questions, and, most important, share it with others. Together, we can make our vision - envisioning communities where accessible behavioral healthcare enhances the lives of all - a reality.

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns. All board members serve without compensation.

Officers

Clara Reynolds, Chair, Regional Council Representative for Circuit 13
CEO Crisis Center of Tampa Bay

Brena Slater, Vice-Chair / Secretary / Community CBC Circuit 12 Representative
Sarasota YMCA/Safe Children Coalition

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Pasco County School District

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Hillsborough County Supervisor of Elections

Kevin Lewis, Quality Committee Chair/Community Advocate
Executive Director LARC= Lee Associations for Remarkable Citizens

Victoria Scanlon Provider / Regional Council Representative for Circuit 20
Charlotte Behavioral Health Care

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Patrick Heidemann, Community / Family Member
Disability Rights Florida

Ayesha Johnson, PHD Community Representative
Florida Department of Health

Dr. Jerome Jordan, Community / Elected Official
Pasco County Clerk & Comptroller, Civil Courts Director

Tracey Kaly, Community Representative
Director of Ambulatory Clinical Operations
Baycare Behavioral Health Children's Treatment Center

Stephanie Krager Deputy, Law Enforcement
Hillsborough County Sheriff Office

Kathleen Peters, Board of County Commissioners, District 6
Political Representative

Robert Rihn, Provider/ Regional Council Chair Circuit 10
CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care
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Nathan L. Scott, Community Child Welfare Advocate
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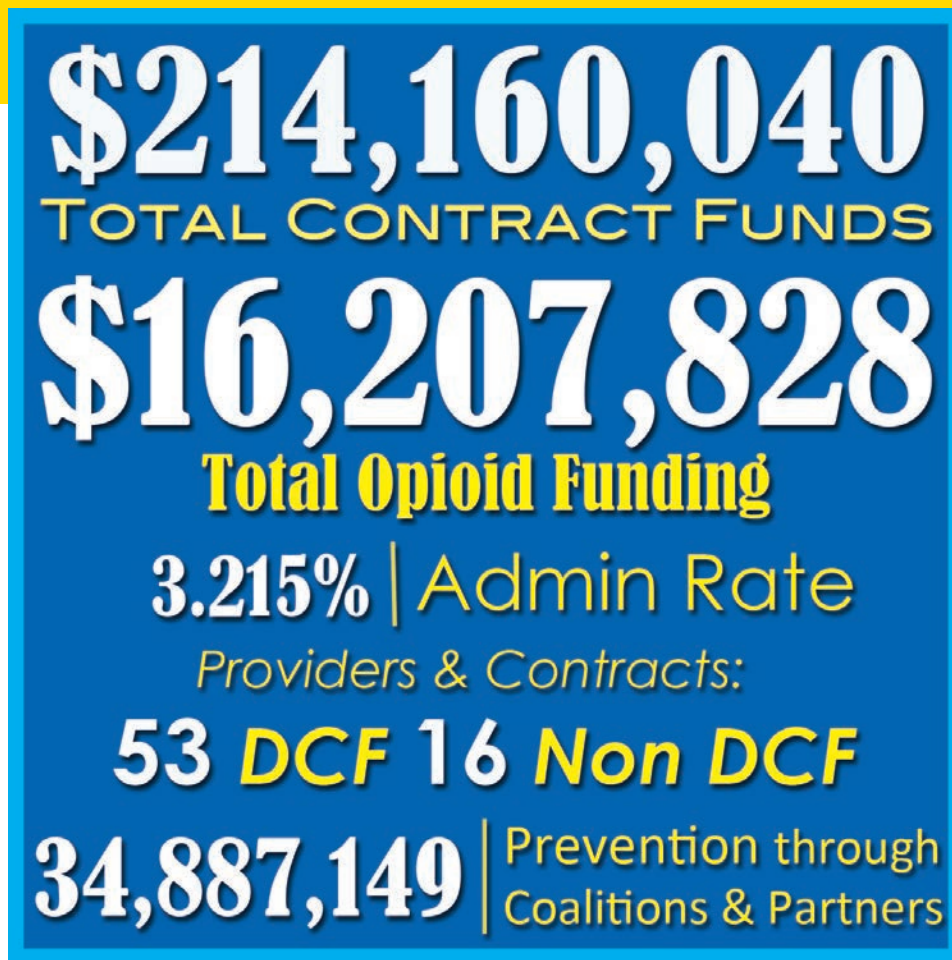


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Community Focus...

Individual Results



Current Snapshot

July 1, 2019, began CFBHN's tenth year managing the safety net system of care for substance abuse and mental health services funded through the Florida Department of Children & Families. Community voices are heard and supported via Coalitions, Consortiums, and Regional Councils in all fourteen counties. CFBHN managed **\$214,160,040** service dollars and **\$16,207,828** in opioid funding contracted through community organizations serving persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services. CFBHN also reached **34,887,149** individuals through prevention messaging and services. Contracted funds were efficiently and effectively managed at a **3.215%** administrative rate a good value for Florida taxpayers.



COVID 19 Pandemic Changed Our World Significantly

There has been no bigger impact on the CFBHN system of care than the Covid 19 pandemic. Every element of how we do business was immediately impacted as shutdown orders were issued, social distancing guidelines were recommended and new personal protection equipment (PPE) was suddenly required. The CFBHN system leaped to action and without missing a beat

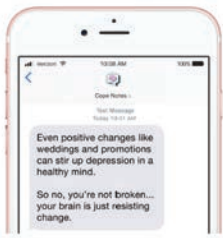
was able to reconfigure how services were delivered. Facilities implemented new guidelines for in-person services and a major shift occurred to transitioning to telehealth delivery modes. Staff who were in contact with individuals were immediately issued PPE that was accessed by CFBHN through the DCF/FAME partnership.

Communications Critical During Pandemic

It was recognized that the public needed to know the system of care was open for business. A massive educational and informational campaign was launched in cooperation with media partners throughout the network. Messaging was produced and distributed through radio, TV, OTT and social media platforms all delivered as Public Service Announcements (PSAs). Over 34 million impressions were broadcast in the network in a two-month period.

The CFBHN website was enhanced with links to COVID 19 information from the Center for Disease Control and the Florida Department of Health. A partnership was also formed to quickly launch a 24/7 Covid Helpline. Announcement of this helpline was also supported by the network media partners and a small grant through DCF. two week free trial of COPENOTES (a program that sent positive messaging via phone daily) was also offered for anyone that wished to sign up – again this was widely promoted via PSAs.





Two Week Free Trial sponsored by
Central Florida Behavioral Health Network
Click here and go to cfbhn.copenotes.com
Sign up and get messaging that helps!

Tragedy Spurs Urgent Move to Ensure Justice, Equity & Diversity

The deaths of Sandra Bland, Breonna Taylor, Ahmaud Arbery and George Floyd caused a rising tide of public awareness regarding the effects of racism, prejudice and bias within public systems, as well as the resulting adverse impacts on the lives of people of color. CFBHN believes black lives matter, and stands for what is just, right, and equal - looking to do our part more effectively.

In 2008, former U.S. Surgeon General, Dr. David Satcher, identified the issue of disparities in health as a matter of life and death. As stewards of behavioral health, CFBHN frequently engages in conversations regarding disparities and stigma. However, we now must amplify our conversations on how institutional racism and cultural incompetence impact disparities in engagement, quality of treatment, and the long-term well-being of people and communities of color.

Recent history of the crack cocaine epidemic showed how it plagued black communities, resulting in prison sentences, while the surge of opioid addiction among whites spurred funding for treatment. Fast forward to 2020, and research continues to demonstrate that ethnic and racial minorities face illness earlier, and suffer higher rates of impairment and death than white Americans. Other marginalized groups, such as individuals who identify as lesbian, gay, bisexual, transgender or gender nonconforming have also been affected in similar ways. Until we intentionally take action, disparities will persist.

As stewards of behavioral health and conduits for healing, each of us has a responsibility to use our positions, platforms and power to make positive change. As a Managing Entity, CFBHN is responsible for providing a safety net of mental health and substance abuse treatment and support services across 14 counties. We expect that all behavioral health services will be provided in a culturally competent and responsive manner. We also challenge our provider network to create opportunities with their staff for self-reflection, organizational reassessments, and authentic conversations on race, culture and other sensi-

tive topics. We don't have all the answers but are committed to listening and learning.

Our journey is new but we started the commitment over two years ago with the launch of a Board and Staff Committee on Diversity. The goal is to become a more culturally diverse and inclusive workplace. We feel progress is being made.

Opioid Crisis Doesn't Abate – Federal Funding Essential

Responding to the Opioid crisis in Florida continued with renewed funding in place for medication assisted treatment (MAT) services. The CFBHN funding allocation for Fiscal Year 2019-2020 was **\$16,207,828**.

CFBHN's Diversity Statement:
Central Florida Behavioral Health Network is committed to fostering an environment in which differences among its board, staff, providers, persons served and stakeholders are welcomed and celebrated. We believe through our differences, challenges are overcome, strengths are enriched, and innovative thoughts and ideas flourish.



Community Collaborations and Innovative Partnerships Continue

Housing

CFBHN played a crucial role in bringing together key organizations for the development of an 88 unit affordable housing complex in Lakeland and another in Sarasota. These joint projects were developed with Blue Sky Communities and CASL and the Lakeland project also received \$400,000 in direct financial support from the City of Lakeland.

CFBHN continues memberships with all Homeless Coalition

CoC's throughout the network. Staff serve as board members on the Heartland Coalition for the Homeless as well as Board of Directors and Leadership Councils in Polk, Hardee, Highlands, Hendry, Glades, Charlotte, Sarasota, Manatee, Lee, and Collier counties. CFBHN is a participant for the Rank and Review for Collier CoC Cares Funding and serves on the Capacity Building Committee in Polk County.

Staff have established SOAR committees across the network. Over 216 total SOAR applications were processed at a 74% approval rate this year representing a 15% increase in applications and a 4% increase in approvals from the previous fiscal year.

Marjory Douglas Stoneman School Safety Programs

Following the tragedy Governor Scott issued Executive Order 18-81 which directed ME's to improve communication, collaboration and coordination of services. Pasco and Hillsborough County School Boards collaborated with CFBHN to use the additional funds to help meet student needs. The goal was to eliminate gaps and improve behavioral health services through collaboration with stakeholders and provider organizations while working to expand the mental health network of both counties.

CFBHN uses the Principles of Wraparound Model to foster innovative, person specific approach and a collaborative model of care designed to meet needs of students and their families. They also make use of the School Safety Behavioral Health Intervention Funnel (Multi-Tier System model approach). The data shows results over and above currently legislated outcomes.

CFBHN also act as care coordinators by linking students referred from the school district to the community providers. If a student does not have insurance or is in need of services their insurance does not cover, CFBHN oversees a voucher system with funding from the school district to assist with eliminating barriers to services for all referred students

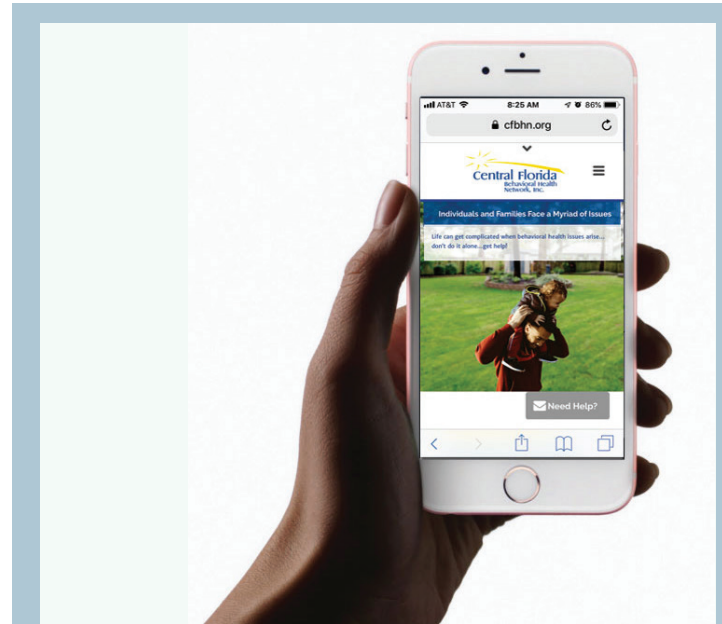
Consumer & Family Affairs Continues Work for Recovery

Consumer and Family Affairs (CFA) continues to serve as a member of Florida's Statewide Recovery Oriented System of Care (ROSC) Transformation of Change Agents (ToCA) to establish an integrated, values based recovery-oriented system of care approach where recovery is expected and achieved through meaningful partnerships and shared decision making with individuals, communities and systems.

In the Suncoast Region, CFA is responsible for promoting and

encouraging a recovery-oriented system of care that focuses and aligns with the States five key ROSC transformation priorities:

- ✓ *Collaborative Service Relationships*
- ✓ *Community Integration*
- ✓ *Cross-systems Partnerships*
- ✓ *Peer-based Recovery Support Services*
- ✓ *Community Health and Wellness*



Communications

The CFBHN Website continued to be well received. The dynamic service locator is a key feature along with the Newsroom featuring Blogs, Posts and Videos. Visit the site at www.cfbhn.org.

Success stories can be viewed on our website or on our YouTube channel at www.youtube.com/c/CentralFloridaBehavioralHealthNetwork. Please visit to read these compelling true stories of recovery and hope.

You can always contact CFBHN via the website and you can subscribe to our Newsletter. Please also connect to us via social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2019-2020 Annual Report. As we close this fiscal year, we are still in the throes of COVID 19 and will remain so for the foreseeable future. There is hope ahead with the development of a vaccine and time will prove our best ally as we maintain the habits we have instituted to protect ourselves as we go about our daily business until we are able to achieve immunity.

Thank you for reviewing our 2019-2020 Annual Report. ■





Bridging Gaps with Management Solutions

Education and Advocacy

- Website management moved to developer for max efficiency, improved response time and cost savings
 - Opioid campaign launched December 2019 – June 30, 2020. Campaign benefitted from IHeart radio personality Queen B support including monthly interview segments posted to social media.
 - Supported 2020 Census initiative via social media and website
 - Created interview show with TV personality John Wilson broadcast on CW44 (Tampa MSA channel). Distributed via social media and posted to CFBHN website.
 - Featured on Bayside TV show with multiple interview segments throughout the year
 - Presented to all legislative delegations
 - Doris Griggs Nardelli (Director of Communications) presented workshops and poster presentations at national and state professional conferences including: The National Council for Behavioral Health and the Florida Behavioral Health Conference
 - Numerous staff continued board service nationally, statewide and locally
 - The 5 Star Awards Luncheon was held November 6, 2019, and recognized the 34 top performing organizations in the CFBHN network according to the scorecard process. The event was made possible through the generous donation of our Sponsors and the CFBHN Leadership Team.
 - Produced 2018-2019 electronic Annual Report
- The communication efforts for CFBHN this fiscal year can clearly be segmented into the pre Covid and active Covid periods. Business as usual changed dramatically after the onset of COVID in March 2020. Focus became on advising the status of access to services and changes being made by providers to adhere to safety guidelines.
- Twice weekly status update reports were produced and disseminated
 - Website was enhanced to support COVID information
 - Staff acquired and distributed PPE to NSP's
 - In addition to the paid campaign, media partners provided PSA free communications to public awareness of access to services during COVID 19 - "We Are Open" as well as supporting the COVID 19 Helpline launch. Total impressions for all paid and free PSA communications was over 34mm

- Social media became a critical component of communications efforts during the COVID pandemic

Consumer & Family Affairs

- As the Federal Children's System of Care Sustainability grant sunsets in September 2020, great strides have been made toward promoting, supporting and funding the use of the High Fidelity Wraparound (HFW) model throughout the Suncoast. Prior to this grant, Success 4 Kids and Families Inc. was the only Suncoast region certified NSP providing HFW for children and their families with mental health needs. Based on this grant, Directions for Living became the second certified HFW NSP in the region. Both organizations are also qualified to contract with Medicaid Managed Care organizations which serve a much larger community of children and families in need of quality recovery-oriented mental health service. Currently in the network there are 27 certified Wraparound facilitators, 10 coaches and 7 trainers and they are on track to obtain Organizational WRAP certification.
- Supported development of a youth driven organization in Pinellas County. Youth Move National certified Youth Move Pinellas as a national chapter. The Youth Move Pinellas Board of Directors and their members collaborated with St. Pete College to hold a youth festival in Pinellas County to raise mental health awareness.
- Promoted and collaborated with Magellan's "My LIFE National" to gain youth membership in Pasco County. Pasco My LIFE was developed and they hosted a youth LIFE Summit in collaboration with Pasco Hernando State College, formed a book club and partnered with the Youth Haven Teen Center.
- C&FA staff provided technical assistance and support through a Memorandum of Understanding (MOU) between NAMI Pinellas and Personal Enrichment Through Mental Health Services (PEMHS) to collaborate on developing pathways for individuals in recovery to achieve certification to deliver recovery peer support services in the community via employment. Individuals who have earned their Provisional Recovery Peer Specialist Certification (CRPS)-P through the Florida Certification Board can earn the necessary 500 supervised work hours to complete their "Standard" Certification. The initiative also offers Recovery Peer Specialist trainings and CEUs required to reach certification status as a CRPS. The Peers in Recovery Mentorship Program (PIRMP) is maintained and offered through NAMI Pinellas. To date 20 individuals have entered this program - 18 are working toward certification and 2 are waiting to take the exam.
- C&FA, USF Health, Timothy Initiative, Wholesome Ministries, Hillsborough County Anti-Drug Alliance (HCADA), National Alliance on Mental Illness (NAMI) Hillsborough, Humana HealthCare, and other Community stakeholders collaborated to bring faith-based leaders, grass roots organizations and behavioral health providers together to develop recovery capital and facilitate long-term sustainable mental health and substance abuse recovery pathways. This committee (known as) Community and Faith Leader Coalition presented "Lost Connections: Revolutionary Views on Drug Abuse and Mental Health" forum to over 150 community and faith leaders.
- C&FA collaborated with NAMI Hillsborough to develop an advocacy committee to align with NAMI Broward's statewide advocacy grant initiative "NAMI Advocacy Group" (NAG). The statewide committee gained momentum and was joined by Mental Health America. To encompass statewide collective efforts, this committee developed into the Florida Mental Health Advocacy Coalition. Locally in the Suncoast, C&FA staff chaired the Hillsborough NAG committee which met twice per month. Also, 21 individuals diagnosed with mental illness and family/caregivers trained in the NAMI SMARTS Advocacy training. Seven became statewide facilitators to educate the community on how to activate their voice and tell their story to legislators in order to change policy and increase behavioral health funding.
- C&FA Staff collaborated with Suncoast Sheriff Offices for Crisis Intervention Team (CIT) training. Due to Covid-19, C&FA staff provided insight on stigma and discrimination families face during a mental health crisis to deputies/officers/staff via video webinars. Over 150 Hillsborough deputies, staff and administrators and 60 Pasco County Sheriff Officers received training.
- C&FA staff collaborated with peer, family and youth run organizations, faith-based leaders and NSP's to develop recovery capital (recovery-oriented resources) to offer as a variety of choices to individuals in developing their recovery plan. These partnerships have supported the growth for grass roots Recovery Community Organizations (RCO's) in Hillsborough, Lee, Pasco, Pinellas and Polk Counties. Faith-based community leaders offer evidence-based recovery education on Wellness Recovery Action Planning and the High Fidelity Wraparound approach.
- C&FA continues to support the Suncoast Region Recovery Peer Advocacy Council which provides networking opportunities among peers, assistance in applying for Recovery Peer Specialist certification, and education and supports to those employed or volunteering as CRPS. Participants are equipped to enhance recovery-oriented service delivery, decrease stigma, and carry a message of recovery, empowerment, and

hope to individuals and family members living with mental illness and/or substance abuse challenges. On average 30 peers participate monthly in this learning community

- C&FA offers evidence-based trainings such as Wellness Recovery Action Plan (WRAP), Helping Others Heal and Wraparound 101 to develop and increase recovery-oriented behavioral health services within the CFBHN network. Twenty-eight individuals in recovery received the 40-hour recovery peer specialist training to meet the Florida Certification Board requirements; 45 individuals received Wellness Recovery Action Plan (WRAP) trainings to provide one-on-one sessions to peer/clients; and 40 individuals received Wraparound 101 training as an introduction to the High Fidelity Wraparound approach and model.

Financial Management & Human Resources

Human Resources

- Facilitated remote telecommuting for all staff during the COVID 19 pandemic

Financial Management

- DCF contract was renewed for three years until FY 2022-2023
- Extended current contract with Hillsborough county until March 2021
- Pasco county school contract extended until mid-October awaiting school board renew approval
- Polk county contract extended until August 31, 2021
- DCF provided flexibility for provider payments for sub-contractors during the pandemic. This allowed CFBHN to:
 - o Allow flexibility of services within the service array under each OCA
 - o Increase rates
 - o Allow providers to submit Covid related expenses and be reimbursed
 - o Work with DCF to adjust number served for FIT and CAT so that payment would not be impacted

- o Start a new pilot project in C10 with the Polk Sheriff's Office and Peace River Center
- o Expand child welfare services at First Step of Sarasota
- o Complete RFP for Mental Health Court Services in Lee County
- o Transition the Forensic program from Northside to MHC (which was not a procurement)
- o Implement 13 proviso projects
- Launched COVID-19 24/7 helpline network wide
- Launched a comprehensive network-wide prevention campaign

Information Management

- Facilitated smooth transition to remote work environment for all staff during the COVID 19 pandemic by updating and issuing equipment and launching Microsoft Teams

Network Development & Clinical Services

Prevention

- Collaboratively worked alongside substance abuse prevention NSP's and Drug Free Coalitions to deliver top-notch quality community based processes, environmental strategies and information dissemination regarding maintaining health and wellness
- Successfully implemented substance abuse prevention programs and practices throughout the network
- Maintained quarterly workgroups to promote SA prevention principles in service delivery throughout the Suncoast

Children's Mental Health

- CFBHN Team provided education, technical assistance and guidance to community stakeholders, families and system partners on the continuum of services within the system of care. Facilitated three circuit trainings for system partners focusing on "Wraparound and Diversion Levels of Care" and actively working with the Managed Medicaid Assistance Plans to identify strategies for community providers to utilize wraparound in-lieu of codes.

- The CFBHN Team provided additional training and technical assistance to community providers on the Youth at Risk (YAR) Staffing Model to assist in identifying and linking community resources to high risk youth. This Model is now being actively used in 3 of the 5 circuits within the network and the Team continues to offer technical assistance for development of YAR for the additional 2 circuits. Team participated in 278 YAR Staffing calls which assisted in early identification and linkage of high risk youth to divert from the potential of experiencing deeper systemic interfaces.
- CFBHN team participated in 685 interagency calls including Critical Case staffings, Child Specific Staffing Team staffings, and Youth At Risk (YAR) staffings. Out of the 685 interagency calls, there were 343 critical case staffing calls resulting in 333 youth being diverted from child welfare and deeper end systems of care during the call.
- CFBHN Team continued weekly Children Specific Staffing Team (CSST) meetings providing additional support, education, and communication between referral agents and community stakeholders, focus on residential referrals to the Statewide Inpatient Psychiatric Programs and Therapeutic Group Homes. Several Managed Medicaid Assistance Plans (MMA's) reported positive feedback on CFBHN use of weekly CSST's.

Child Welfare

- Partnered with DCF to ensure alignment between ME and DCF funded Behavioral Health Consultants. Provided technical support to DCF and other ME representatives for the BHC position and provided data related to the position. Worked with the Department on joint data collection and analysis.
- Participated in workgroup responsible for the creation of the Family Intensive Team (FIT) Manual and Fidelity Tool. The Manual identified best practices in the implementation and integration of the FIT program. The Fidelity Tool is an assessment tool used to gather insight on how well the FIT program has implemented best practices and how well all system partners collaborate for client benefit.
- Expanded data analysis of the FIS program to include program and fiscal evaluations

- Updated tracking for BHC, FIS, and FIT to provide more pertinent, reliable, and usable data

FACT Teams and State Mental Health Treatment Facilities (SMHTF–Hospital)

- AMH Staff processed 270 referrals for SMHTF admission from 34 receiving facilities across the CFBHN network. Referrals resulted in 102 admissions to the civil SMHTF with 147 diversions from admission to the SMHTF.
- CFBHN AMH staff facilitated over 150 discharge plans from 2 civil SMHTF
- 139 FACT admissions. 34% of FACT admissions consisted of clients diverted from SMHTF admission and 30% were direct discharges from the SMHTF
- There were 134 FACT discharges
- Year-end FACT census = 1391/1400 slots filled
- Between July 2019 and June 2020, FACT admitted 1282 and discharged 1182
- 46 referrals to Residential services resulted in 8% admit rate. (Note - many SMHTF referrals require level one RTF, which CFBHN does not provide)

Forensic

- Diverted 165 forensic individuals from SMHTF during the 2019-2020 fiscal year
- Facilitated over 253 forensic residential referrals to regional community partners to promote diversions from the forensic SMHTF
- Assisted with over 430 Forensic SMHTF Admissions
- The Hillsborough Forensic Multidisciplinary Team remained over capacity with between 70-90 active individuals on the team through the 2019-2020 fiscal year
- Monitored 729 individuals placed on Conditional Release

Care Coordination

- The use of the regional waitlist was expanded to more closely align with Pamphlet 155-2 v14 for individuals who are waiting to receive recommended substance abuse or mental

health services regardless of priority population status. Priority populations remain at the top of the list in accordance with 45 CFR § 96.131(a). This expansion will further assist in identifying access to care concerns, which allow these issues to be addressed by the region. Comprehensive trainings were provided early in FY 20/21 to alert providers to these changes and address any concerns surrounding the new requirements.

- In conjunction with the IT department, a Pre/Post Outcomes Report was developed for Care Coordination. This report compares admission rates of Care Coordinated individual's prior enrollment in the program and after discharge from the program. Data can be cross referenced across fiscal years and for intervals of 30, 90 or 180 days post discharge. This report yields data showing the efficacy of Care Coordination and the program's ability to reduce readmissions for distinct persons served.
- Per FY 19/20 Pre/Post report data, the percentage of admissions that were readmissions to acute care was 70.97% six months prior to Care Coordination engagement. For the six month period following discharge from Care Coordination, the percentage of admissions that were readmissions to acute care was 16.82%.
- FY 19/20 data shows the percentage of persons with two or more admissions to acute care was 87.97% six month prior to Care Coordination engagement. During the six month period following discharge from Care Coordination, the percentage of persons with two or more admissions to acute care was 24.40%.
- Changes to Guidance Document 4 have been implemented with NSP's through monthly Care Coordination meetings and individual support from Care Managers. Strategies were employed throughout the region and tailored to each circuit for optimal outcomes. Close collaboration helps to more efficiently identify consumers, allowing Care Coordination providers to link identified persons to needed services and identify which strategies are most effective in helping clients achieve success.

State Opioid Response

- CFBHN worked with providers to implement the SOR (State Opioid Response) program. This wide ranging program

supplements and develops enhanced MAT services throughout the network. A critically important result of the SOR program is the development of the Hospital Bridge Partnerships – an innovative medical/clinical pathway to provide MAT services for individuals entering hospital emergency rooms.

- The following Hospital Bridge programs developed by CFBHN:
 - o ACTS – Tampa General & St. Joseph's Hospital
 - o BayCare Behavioral – Morton Plant North Bay
 - o David Lawrence Center – NCH Healthcare & Physicians Regional
 - o DACCO – Tampa General
 - o First Step of Sarasota – Manatee Memorial & Sarasota Memorial
 - o Operation PAR – St. Anthony's
 - o Tri-County Human Services – Bartow/Winter Haven Regional, Lakeland Regional, & Lake Wales/Davenport).

Each of the hospital bridge partnerships provides a pathway for much needed MAT services and gives hospital emergency rooms a process for referring individuals for appropriate substance abuse services. To date 84 individuals have been served in hospital emergency departments. Hospital Bridge recovery peer specialists have referred 1,942 individuals to treatment providers and linked another 1,279 individuals to treatment providers.

Quality Improvement

- In light of COVID-19 restrictions, the CQI monitoring team identified three options for providers to choose from to complete virtual reviews.
- 100% of providers surveyed responded "agree" or "strongly agree" to the item 'Monitoring results accurately reflected my agency's current level of performance.' ■





Central Florida

Behavioral Health Network, Inc.

Your Managing Entity

2020 – 2021 Annual Report

A not for profit 501 (c) (3) corporation and a CARF International Accredited Network, CFBHN contracts with community service organizations to provide a full array of publicly funded mental health and substance abuse services in the SunCoast Region that includes the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services includes: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.*

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. Mission is accomplished through seeking, developing, and nurturing partnerships with outstanding providers who offer high quality compassionate services. CFBHN continually meets the changing needs of the public safety net and manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

** CARF is the Commission on Accreditation of Rehabilitation Facilities*

Collaborating for Excellence

Stronger Together

We are pleased to present our 2019-2020 Annual Report to the community.



Linda McKinnon, President & CEO

It has been a challenging year for CFBHN. I appreciate our staff most of all for persevering through the COVID pandemic that still rages with variants almost every month. They have focused on providing the best system of care for our most vulnerable citizens while also expanding their comfort zone with our focus on justice, equity and humanity. We are truly "Strengthened by Our Differences".

Much of our focus beyond working through Covid protocols has been on implementing Senate Bill 945. This important piece of legislation requires DCF & AHCA to identify children & adolescents who use crisis stabilization services and to meet their behavioral health needs; requires development of plans promoting coordinated system of care for certain services; requires testing of provider network databases maintained by Medicaid managed care plans; requires verification of use of certain strategies & outreach before student is removed from school, school transportation, or school-sponsored activity under specified circumstances; provides exception; and requires DCF & AHCA to assess quality of care provided in crisis stabilization units. The Managing Entity's role in this process is to convene with community partners and stakeholders and develop and monitor the plans. We have successfully done this throughout our network of care.

We look forward to further collaboration in all areas of behavioral health care in our safety net. Our system of care is sometimes difficult to navigate or understand and we are proud to have provided care coordination for people with high needs and utilization of acute care services. We have had a remarkable impact by assuring wrap around services and housing necessary to stabilize these individuals in their own communities. We have built collaborative relationships with our school districts and access to behavioral health services students require to be safe and healthy. We are also pleased with our work in the housing area to partner with builders and developers who are creating safe housing space for persons with special needs along with the dynamic services provided by Clubhouses – a place to regain lost skills and abilities due to behavioral health issues.

Finally, I am very proud of the comprehensive public awareness campaigns that sends valuable messaging to our communities to combat youth alcohol and substance use with the "Talk. They Hear You" campaign and our Opioid awareness campaign "Use Only as Directed". These campaigns are all supported with our social media initiatives and enhancements to our website.

Thank you for reviewing our Annual Report and should you have any questions do not hesitate to contact me.

I welcome your comments and can be reached at lmckinnon@cfbhn.org

Vision

Envisioning communities where accessible behavioral healthcare enhances the lives of all

Mission

Central Florida Behavioral Health Network: Managing a quality behavioral health system of care that brings help and hope to individuals, families and communities

Values

Accountability

Advocacy

Collaboration

Innovation

Transparency



719 South US Highway 301, Tampa, FL 33619 • phone: 813-740-4811 fax: 813-740-4821 • www.cfbhn.org

“Central Florida Behavioral Health Network provides the right service, at the right time, in the right amount in order to save lives and ensure healthy communities.”



**Clara A. Reynolds; LCSW, MBA,
Chair of the Board**

What an honor it has been to serve as President of the Central Florida Behavioral Health Network's Board of Directors this year! In my second term as board chair, I can attest that the behavioral health tsunami in the wake of the COVID-19 pandemic is upon us. We know that suicide attempts, overdoses, and calls for

help are on the rise across our state. Added to this stress, our system of care is struggling with personnel shortages and overburden, tired staff. Through it all, Central Florida and its partners have remained steadfast in delivering the highest quality behavioral health services across our 14-county network.

You may wonder how Central Florida supports this 14-county network. It provides the funding lifeline, advocacy, public awareness, infrastructure support, along with a host of other supportive functions so that providers can concentrate on what they do best: caring for our community's most vulnerable people.

One area of focus this year included an increase in behavioral health awareness and stigma reduction efforts. While there were many innovative communication strategies implemented this year, I am most excited to highlight a yearlong campaign called “Talk, They Hear You” focused on alcohol and substance use prevention for youth. This campaign included social media, digital, print and television promotions. If you watched a Rays game this year, I'm sure you saw the campaign!! If you have not, please check it out at www.cfbhn.org/talk-they-hear-you.

On behalf of the Board of Directors, I want to thank the Central Florida staff and its partner agencies for their exceptional work this year. The behavioral health tsunami is far from over, and there will certainly be new challenges this year. However, I am confident that the strength of our network will weather these obstacles because our mission – managing a quality behavioral health system of care that brings help and hope to individuals, families, and communities – is more important than ever!

Wishing you good health and peace,

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns. All board members serve without compensation.

Officers

Clara Reynolds, Chair, Regional Council Representative for Circuit 13

CEO Crisis Center of Tampa Bay

Brena Slater, Vice-Chair / Secretary / Community CBC Circuit 12 Representative

Sarasota YMCA/Safe Children Coalition

Ray Gadd, Immediate Past Chair, Governance Chair

Pasco County School District

The Honorable Craig Latimer, Treasurer / Finance Chair

Hillsborough County Supervisor of Elections

Ayesha Johnson, PHD Secretary/Community Representative

Florida Department of Health

Victoria Scanlon Provider / Regional Council Representative for Circuit 20

Charlotte Behavioral Health Care

Community Directors

Joshua T. Barnett, County Government Representative

Health Care Services Manager Manatee County Government

Guy Blanchette, Community Representative

President & CEO Drug Free Collier

Terry Cassidy, Community/Private receiving Facility Representative

Bayside Behavioral Health Services, Sarasota Memorial

Josh Dillinger, Community Business Representative

GCD Insurance Consultant

J. Scott Eller, Representative Circuit 12

CEO CASL

Ray Fischer, Community/Community Based Care

Children's Network of Southwest

Nancy Hamilton, Community Representative

Retired CEO Operation PAR

Patrick Heidemann, Community / Family Member

Disability Rights Florida

Dr. Jerome Jordan, Community / Elected Official

Pasco County Clerk & Comptroller, Civil Courts Director

Tracey Kaly, Community Representative

Director of Ambulatory Clinical Operations

Baycare Behavioral Health Children's Treatment Center

Stephanie Krager Deputy, Law Enforcement

Hillsborough County Sheriff Office

Kathleen Peters, Board of County Commissioners, District 6

Political Representative

Robert Rihn, Provider/ Regional Council Chair Circuit 10

CEO Tri-County Human Services

Terri Saunders, Community/Community Based Care

CEO Heartland for Children

Nathan L. Scott, Community Child Welfare Advocate

Child Welfare Policy Coordinator Florida Department of Health

Thomas Stormanns, Member

True Health center for Emotional Wellness

Pastor Douglas Walker, Member

Hillsborough County Ecumenical Health Collaborative

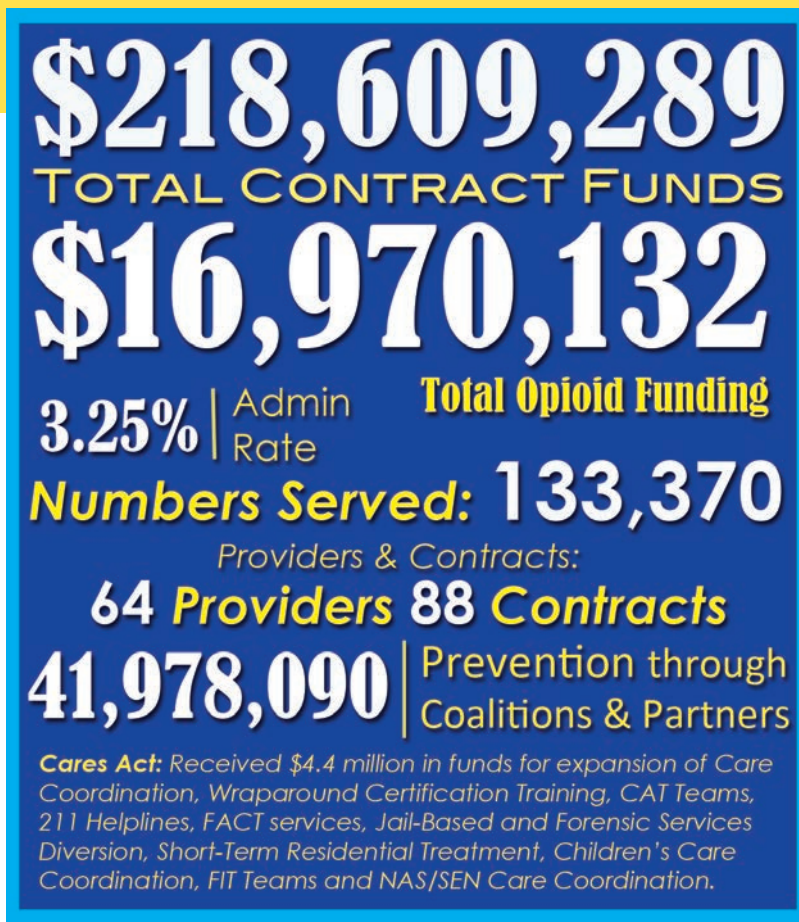


What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Community Focus...

Individual Results



Current Snapshot

July 1, 2020, began CFBHN's eleventh year managing the safety net system of care for substance abuse and mental health services funded through the Florida Department of Children & Families. Community voices are heard and supported via Coalitions, Consortiums, and Regional Councils in all fourteen counties. CFBHN managed **\$218,609,289** service dollars and **\$16,970,132** in opioid funding contracted through community organizations serving persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services. Direct funds served **133,370** individuals. CFBHN also reached **41,978,090** individuals through prevention messaging and services via community Coalition and Prevention partners. Contracted funds were efficiently and effectively managed at a **3.25%** administrative rate - a good value for Florida taxpayers.

COVID 19 Pandemic Continued to Impact the System of Care

COVID 19 hit hard early in the year and continued throughout 2020 - carrying over into 2021. The system of care continued to respond and adapt to the new “normal” to deliver services to those in need and maintain and expand communication to the communities served. Telemedicine grew (which increased 4000% in April 2020 alone) and organizations adapted to the social distancing rules and regulations all while implementing PPE (personal protection equipment) for staff in proximity to individuals receiving services. CFBHN continued to access and secure PPE for staff at provider organizations.

Communications Continues to Grow

Comprehensive public awareness campaigns were launched for two important prevention issues: reduction of alcohol and substance use by youth and promotion of a healthy response to Opioids.

The youth alcohol campaign was adapted from the SAMHSA “Talk.They Hear You” national campaign and focused on encouraging parents and caregivers to have a conversation with their children regarding where they stand regarding underage alcohol use (identified as the number one issue in all our communities). Parents and caregivers are the key deciding factor in preventing underage drinking. Information is provided on our website for them to prepare for the “talk” and the focus is to make sure children grow up healthy, happy and successful. When children hear where parents stand they respond. The “talk” can occur as early as eight or nine and it is recommended to continue having conversations throughout childhood. This campaign supports the work being done in

our communities by our Coalitions and Prevention Partners. Information is available on the CFBHN website. This was an annual campaign and generated 61,304,188 impressions.



The second campaign in the CFBHN network is for Opioid awareness and proper use called “Use as Directed”. It supports the safe and effective use of opioids for pain

OPIOIDS



USE ONLY AS
DIRECTED

reduction and emphasizes talking with your doctor or dentist about alternative pain methods as well as safe disposal of any prescription pain medications. This was a six-month campaign and generated 21,758,849 impressions.

CFBHN also produced five webinars covering topics that were critical for Certified Peer Recovery Specialists to achieve and renew certification. The training is approved for CEU's that are recognized by the Florida Certification Board – the governing body. They are accessible from the CFBHN website and there is no charge for the training.





Julie Patel Named CFO of The Year

Julie Patel, CFBHN CFO, was recognized by the Tampa Bay Business Journal as one of the top CFO's in the region. She was featured in a live streamed broadcast where she provided insight into her success as a non-profit CFO and the challenges she and the organization faces.

Movement to Ensure Justice, Equity & Diversity Continues

The country continued to experience repercussions from the adverse impacts associated with minorities and persons of color. CFBHN continued to work actively with the Board and staff to raise awareness of racism, prejudice and bias in our communities.

The Diversity Committee focused on training activities with both the Board and staff concerning these issues and communications supported this initiative with social media postings, email newsletters and website enhancements.



CFBHN'S DIVERSITY STATEMENT:
Central Florida Behavioral Health Network is committed to fostering an environment in which differences among its board, staff, providers, persons served and stakeholders are welcomed and celebrated. We believe through our differences, challenges are overcome, strengths are enriched, and innovative thoughts and ideas flourish.

New Consumer Handbook

The new Consumer Handbook was developed and is located on the CFBHN website. The handbook can be downloaded and features a quick reference card that can be kept on hand.

Community Collaborations and Innovative Partnerships

Housing

CFBHN continued support of our network service provider, CASL, and community partner, Blue Sky Communities, with their affordable housing apartment complex groundbreaking in Polk County. In total there was an additional 263 supportive housing units added in our network to serve our population.

CFBHN continued memberships with all Homeless Coalition CoC's throughout the network. Staff serve as board members on the Heartland Coalition for the Homeless and Board of Directors and Leadership Councils in Polk, Hardee, Highlands, Hendry, Glades, Charlotte, Sarasota, Manatee, Lee, and Collier counties. CFBHN participates in the Rank and Review for Collier CoC Cares Funding and serves on the Capacity Building Committee in Polk County.

CFBHN, due to the pandemic, held its first Suncoast Region virtual Refresher SOAR training. Approximately 40 direct care staff attended this training. CFBHN will keep this training again in fiscal year 2021/22. CFBHN also moved its quarterly SOAR conference call to a virtual platform. This platform enhanced the impact of the meeting with visual aids and the ability to review SOAR numbers across the region.

Staff has established SOAR committees across the network. Over 244 SOAR applications were processed at a 58% approval rate this year, representing an 11% increase in applications from the previous fiscal year. The State of Florida averages 64% approval of initial applications and the national average is 65%. Due to the decrease in approvals; CFBHN created a single point-of-contact and will implement region-wide SOAR workgroups to enhance the system with the goal of improving performance.

Marjory Douglas Stoneman School Safety Programs

Following the tragedy, Governor Scott issued Executive Order 18-81 which directed ME's to improve communication, collaboration and coordination of services. Pasco and Hillsborough County School Boards collaborated with

CFBHN to use the additional funds they received to help meet student needs. The goal was to eliminate gaps and improve behavioral health services through collaboration with stakeholders and provider organizations while working to expand the mental health network of both counties.

CFBHN continues to use the Principles of Wraparound Model to foster innovative, person specific approach and a collaborative model of care designed to meet needs of students and their families. They also make use of the School Safety Behavioral Health Intervention Funnel (Multi-Tier System model approach) to determine appropriate level of services. CFBHN acts as care coordinators by linking students referred from the school district to the community providers. Project Managers provide ongoing clinical oversight by staffing or consultation to address the need of high-risk students. If a student does not have insurance or is in need of services their insurance does not cover, CFBHN oversees a voucher system with funding from the school district to assist with eliminating barriers to services for all referred students.

Pasco and Hillsborough School Project Managers identified the need for additional in person services during the early months of the pandemic. School projects added a total of 3 new providers to meet the need of in school and in home services.

County Collaboratives and Initiatives

CFBHN has worked with multiple counties, stakeholders, schools and providers to implement the following projects and advocate for resources at the community and state level.

Pinellas County: PICA (Pinellas Integrated Care Alliance). This grant funding the PIC team sunsets in March, 2021. The team has been so successful in engaging and accessing services for persons referred by the Sheriffs Mental Health team that has agreed to fund the team and has contracted for three additional years. The members of the Pinellas Integrated Care Alliance continue the work on two major initiatives; the optimum data set, and aligning of contracts

Hillsborough County: SRT Project, school mental health

Manatee County: Hospital Peer Project

Lee County: Healthy Minds Project, and supported Housing

Collier County: Centralized Receiving System

Polk County: Supported Housing

Charlotte County: Supported Housing

Pasco County: Vincent House work through recovery project, school mental health

Sarasota County: Planning for mental health tax referendum

(Note: The all-County planning day was cancelled due to Covid, but CFBHN is planning to hold it via MS Teams, with a more "team friendly" format in the near future)

Consumer & Family Affairs Continues Work for Recovery

Consumer & Family Affairs (CFA) is responsible for promoting and encouraging a recovery-oriented system of care to assert and establish an integrated, values based recovery-oriented system of care approach where recovery is expected and achieved through meaningful partnerships and shared decision making with individuals, communities and systems.



In the Suncoast Region, CFA continues to lead the Recovery Oriented System of Care (ROSC) Transformation effort by implementing specific framework elements such as monitoring, training, advocacy, and policy changes that are in progress.

Communications

The CFBHN website was enhanced to include additional pages for special focus topics related to awareness campaigns in the network supported by a quick link "floater" to direct visitors to the information quickly when they first visited the website. Also on the home page at the very top we placed quick link icons to direct visitors to pertinent time sensitive topics as well as links to emergency information so they could quickly locate and access care.

All current campaign information is posted in both the Newsroom and on the topic page for quick reference.

A quick link button for location and contact information for Mobile Response Teams was added to the home page.

You can contact CFBHN via our website and subscribe to our Newsletter. Please also connect to us via social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2020-2021 Annual Report. As we close this fiscal year, we are still in the throes of COVID 19 with new variants to deal with. There is hope ahead with continued vaccine programs including boosters and monitoring. We hope that all will remain safe as we continue to combat this pandemic.

Thank you for reviewing our 2019-2020 Annual Report. ■



Bridging Gaps with Management Solutions

Education and Advocacy

- Opioid “Use as Directed” campaign launched December 2020 – June 30, 2021.
- “Talk. They Hear You” youth alcohol and substance use campaign launched July 1, 2020 – June 30, 2021 and benefitted from IHeart radio personalities Queen B and Ronnie “Night Train” Lane support with monthly interview segments posted to social media
- Supported RX Drop Box Take Back Days
- Supported 211 initiative through social media and on website
- Featured on Bayside TV show with multiple interview segments throughout the year
- Presented to all legislative delegations and Linda McKinnon met through the aid of ZOOM with all of the newly elected officials, as well as all of our representatives on the following committees: Appropriations, Children, Family and Seniors and Family, Health Care Appropriations, Higher and Pre-K-12 Education, Regulatory Reform, Education and Employment, Government Operations and Pandemic Response.
- Doris Griggs Nardelli (Director of Communications) presented workshops and poster presentations at national and state professional conferences including: The National Council for Behavioral Health and the Florida Behavioral Health Conference

- Staff continued board service nationally, statewide and locally
- Produced five webinars suitable for Peer Recovery Specialist training renewal and certification requirements. There is no charge for the interactive webinars accessible from the CFBHN website and CEU’s are issued upon completion of the training modules (see Consumer & Family Affairs for more info).
- Produced 2019-2020 electronic and printed Annual Report

The communication efforts for CFBHN this fiscal year continued regarding COVID and impacts to services relative to closures. Focus became on advising the status of access to services and changes being made by providers to adhere to safety guidelines.

- Twice weekly status update reports were produced and disseminated and later reduced in frequency until discontinued when stabilization occurred
- Website continued to be updated regarding the latest in COVID information
- Staff continued to acquire and distribute PPE to NSP’s
- Social media continued to be a critical component of communications during this period

Consumer & Family Affairs

- CFBHN continues to implement the High Fidelity Wraparound (HFW) model throughout the Suncoast region. To date, two

of CFBHN's NSP (Success 4 Kids and Families Inc. and Directions For Living) are certified to provide HFW to serve children and their families with mental health needs. These organizations also qualify to contract with a Medicaid Managed Care organization to serve a much larger community of children and families in need of quality recovery-oriented mental health service. Currently, 41 certified Wraparound facilitators, 29 coaches and 7 trainers deliver HFW in the Suncoast communities.

- Implement High-Fidelity Wraparound Statewide Accomplishment - A statewide celebration was held to share the success the state has seen in the implementation of Wraparound. Ten Statewide Wraparound Principle Awards were awarded. Eight of the ten Suncoast Regional staff were honored:

- o Sarah Miller and Courtney Hendrickson (DFL) received the Natural Support Award
- o Pam Jeffre (S4K&F) received the Collaboration Award
- o Jo Dee Nicosia (CFBHN) received the Team Based Award
- o Julie Semantik (Carlton Manor) received the Community Based Award
- o Tajhah Kittling and John Mayo (S4K&F) received the Strengths Based Award
- o Dr. Mary Armstrong received the Outcome Based Award
- o Beth Picora (CFBHN) received a Wraparound Visionary Leadership Award and a Wraparound Champion Award as the Suncoast Region's Wraparound Champion
- o John Mayo (S4K&F) received the state Wraparound Life-time Achievement Award

- Beginning July 2021, CFA and CQI will employ the statewide Recovery-Oriented Monitoring ROM Site Visit Reviews initiative in the Suncoast region. This monitoring is to develop a baseline for measuring progress toward implementation and integration of recovery-oriented principles and best practices within each NSP. This monitoring process is one of many elements included in the framework of a statewide Recovery-Oriented System of Care (ROSC) transformation.
- Upon request, CFA staff collaborates with and provides technical assistance to support the development and sustainability to persons-served, family and youth-run organizations such as NAMI affiliates, and Recovery Community Organizations (RCO's) who advance the delivery of recovery-oriented services and supports in their community. In 2020-2021, CFA trained staff collaborated with DCF and the Peer Support Coalition of Florida in delivering Recovery Capital Planning training to over 40 RCO, grass roots organizational staff members.
- To enhance Peer Support Workforce development, CFA

created four (4) two-hour and one (1) one-hour webinars where individuals may earn Continuing Education Units (CEU's) for obtaining or maintaining certification as a Recovery Peer Specialists (CRPS) through the Florida Certification Board (FCB). These interactive web-based training modules provide a pre and posttest to measure gained knowledge and provide role play opportunities to build confidence, develop listening skills and use creative problem solving skills. Participants are issued a certificate of completion which can be submitted to the FCB. This is all provided at no charge to the participant.

Financial Management & Human Resources

Human Resources

- Continued remote telecommuting for all staff during the COVID 19 pandemic with carefully monitored weekly in-office staff times for departments and teams

Financial Management

- Issued an RFP (request for proposal) and contracted with CFBHN's first Recovery Community Organization (RCO)
- Issued an RFP and contracted for Drop-In Centers in DeSoto and Sarasota Counties
- Issued Purchase Agreements with seven local school districts to expand their telehealth service platforms through purchase of equipment and technology
- Transitioned Mobile Response Team services from Jewish Family & Children's Service of the Suncoast to First Step of Sarasota
- Implemented nine proviso projects
- CFBHN applied for PPP loan and received forgiveness for the loan
- CFBHN worked with NSP's on their fiscal reconciliation to have a payback of \$392,147 for FY 19-20, which was reduced from \$485,000 the prior year

Information Management

- Converted DCF data submission to support FASAMSV14 data and structures. Worked with CFBHN Contracted Providers and DCF to ensure a smooth transition to the new FASAMS
- Implemented new Health Data System at CFBHN SaFE (Services and Finance Exchange) to replace the existing CFHDS application
- Continued to support a remote workforce for all staff during the COVID 19 pandemic by providing equipment and support including Microsoft Teams

Children's Mental Health

- CFBHN CMH Team provided education, technical assistance and guidance to community stakeholders, families and system partners on the continuum of services within the system of care. CFBHN CMH Team facilitated five circuit trainings for system partners focusing on "Wraparound and Diversion Levels of Care" and worked with the Managed Medicaid Assistance Plans to identify strategies for community providers to utilize wraparound in-lieu of codes.
- The CFBHN CMH Team provided additional training and technical assistance to community providers on the Youth at Risk Staffing Model. This Youth at Risk Staffing Model is being actively used in 3 of the 5 circuits within the network and the CMH Team continues to offer technical assistance for development of the Youth at Risk Staffing Model for the additional 2 circuits. CFBHN CMH Team participated in 307 Youth at Risk Staffing calls which assisted in early identification and linkage of high risk youth to divert from the potential of experiencing deeper systemic interfaces which assisted in diverting 301 high risk youth from entering into child welfare.
- CFBHN CMH team participated in **7 2 3** interagency calls this fiscal year including Critical Case staffings, Child Specific Staffing Team staffings, and Youth at Risk staffings. Out of the 723 interagency calls, there were 287 critical case staffing calls which resulted in 281 youth being diverted from child welfare and deeper end systems of care during the call.
- CFBHN CMH team continued weekly Children Specific Staffing Team (CSST) meetings this fiscal year to provide additional support, education, and communication between referral agents and community stakeholders, focused on residential referrals to the Statewide Inpatient Psychiatric Programs and Therapeutic Group Homes. Several Managed Medicaid Assistance Plans (MMA's) have reported positive feedback on CFBHN utilization of these weekly CSST's this fiscal year.

Child Welfare

- CFBHN continued partnering with DCF to ensure alignment between ME and DCF funded Behavioral Health Consultants. CFBHN Behavioral Health Integration Program Manager provided technical support to DCF and other ME representatives for the BHC position and provided data related to the position.
 - CFBHN continued to actively collaborate with other MEs, DCF and other pertinent stakeholders for behavioral health integration. CFBHN actively participated in monthly FIT (Family Intensive Treatment) calls with DCF, SAMH and other MEs, holding monthly regional calls with all CFBHN FIT teams. In addition, CFBHN partnered with DCF and other FIT stakeholders on various workgroups to complete a FIT manual and a fidelity tool in order to establish best practices for FIT providers
 - CFBHN Behavioral Health Integration Program Manager assisted two providers to expand FIT services. Charlotte Behavioral and DACCO were awarded additional funds through the CARES Act to expand their services.
- FACT Teams and State Mental Health Treatment Facilities (SMHTF–Hospital)
- During FY 20/21, AMH Staff processed 153 referrals for SMHTF admission from 34 receiving facilities across the CFBHN network. These referrals resulted in 33 admissions to the civil SMHTF with 123 diversions from admission to the SMHTF.
 - CFBHN AMH staff facilitated over 100 discharge planning from 3 civil SMHTF cases in FY20/21
 - 123 admissions to FACT occurred in FY 20/21. Thirty-nine (31%) of FACT admissions consisted of clients diverted from SMHTF admission and twenty-five (20 %) of FACT admissions were direct discharges from the SMHTF. The remainder of the admissions were clients that utilized CFBHN funded CSU beds at a high rate or other community priority referrals (jail diversion, forensic)
 - There were 126 FACT discharges
 - Year-end census for FACT 1386/1400 slots filled
 - Since July 2012 and June 2021, FACT has admitted 1403 clients and discharged 1304 clients

Forensic

- Diverted 131 forensic individuals from SMHTF during the 2020-2021 fiscal year
- Facilitated 297 forensic residential referrals to regional community partners to promote diversions from the forensic SMHTF
- Assisted with 404 Forensic SMHTF Admissions
- The Hillsborough Forensic Multidisciplinary Team served between 53-73 active individuals per month through the 2020-2021 fiscal year
- Monitored 642 individuals placed on Conditional Release

Prevention

- Collaboratively worked alongside substance abuse prevention NSPs and drug free coalitions to deliver top-notch quality community based processes, environmental strategies and information dissemination regarding maintaining health and wellness
- Successfully implemented substance abuse prevention programs and practices to the SunCoast Region including Circuit 10
- Maintained a presence within the school systems and community at large despite the worldwide pandemic. Providers were able to adapt to changing dynamics to include many virtual learning platforms for school age youth, their parents, and the community.
- It should be noted that the community response to the need for community health and wellness prevention services continues to hold steady and is a value-added service
- Maintained quarterly workgroups to promote SA prevention principles in service delivery throughout the Suncoast Region

RCOs – Recovery Community Organizations

This fiscal year, CFBHN worked to on board Recovery Community Organizations (RCOs) in the Suncoast Region. RCOs increase the visibility and influence of the recovery community. Recovery Epicenter joined the Network Service Providers and is working collaboratively with CFBHN to bring recovery support services to Pinellas County

State Opioid Response

- CFBHN has worked with providers to implement the SOR (State Opioid Response) program. This wide ranging program supplements and develops enhanced MAT (Medication Assisted Treatment) services throughout CFBHN's provider network. A critically important result of the SOR program is the development of hospital bridge partnerships. This program has created an innovative medical/clinical pathway to provide MAT services for individuals entering hospital emergency rooms.
- The current hospital bridge programs:

- ✓ ACTS – Tampa General & St. Joseph's Hospital
- ✓ BayCare Behavioral – Morton Plant North Bay
- ✓ David Lawrence Center – NCH Healthcare & Physicians Regional
- ✓ DACCO – Tampa General
- ✓ First Step of Sarasota – Manatee Memorial & Sarasota Memorial
- ✓ Operation PAR – St. Anthony's
- ✓ Tri-County Human Services – Bartow/Winter Haven Regional, Lakeland Regional, & Lake Wales/Davenport

Each of the hospital bridge partnerships provides a pathway for much needed MAT services and gives hospital emergency rooms a process for referring individuals for appropriate substance abuse services. This program has provided MAT inductions in hospital emergency departments for individuals in need of services and the Hospital Bridge recovery peer specialists have referred 1,800+ individuals to treatment providers to link for ongoing services.

- CFBHN has dedicated SOR prevention funds toward evidence-based programs and practices devoted to reaching universal populations with targeted opioid media campaigns throughout the SunCoast Region as well as targeted educational programs towards youth and adults both in traditional school settings and community outlets.

Utilization Management/ Care Coordination

- The use of the regional waitlist was expanded to more closely align with Pamphlet 155-2 v14 for individuals who are wait-

ing to receive recommended substance abuse or mental health services regardless of priority population status. Priority populations remain at the top of the list in accordance with 45 CFR § 96.131(a). This expansion will further assist in identifying access to care concerns, which allows these issues to be addressed by the region. Worked with providers to get them to report more regular. Also expanded the waitlist to CAT, Room and Board, and In-Home/Onsite services.

- Wait time remains low for persons waiting for substance abuse residential, despite the effect of Covid-19 on providers closing. Providers collaborate to expedite referral and placement. Finalized a regional referral form to assist in this endeavor. This was especially difficult with the work force shortage at CFBHN and NSPs. Also the use of video conferencing has made working with NSPs much more seamless and decreased the response time to addressing pertinent situations. CFBHN supported the NSPs Care Coordinators so they could keep serving individuals in need.
- Changes to Guidance Document 4 have been implemented with network service providers through monthly Care Coordination meetings and individual support from UM Care Managers. Strategies were employed throughout the region and tailored to each circuit for optimal outcomes. Close collaboration with providers helps to more efficiently identify consumers in the region, allowing Care Coordination providers to link identified persons to needed services and identify which strategies are most effective in helping clients achieve success.
- Providers continue to use the SAMH vouchers to address

client's needs at a basic level. They are used to creatively bridge housing when none of the regular options are available.

- 802 persons were served in Care Coordination during FY20/21. Readmission rates for persons served in Care Coordination ranged from 3-9% monthly with an average of 6% for the year. Efforts to engage persons in aftercare following discharge from acute care services resulted in first contact between 1.80-8.64 days with an average of 2.96 days to first treatment contact despite challenges resulting from the impact of the pandemic on consumers and providers.

Quality Improvement

- As a result of the pandemic, the CQI team continued to offer three options for providers to choose from to complete virtual reviews. A total of 45 were conducted, along with over 30 resulting follow-ups, over the course of the year.
- 95% of surveyed Network Service Provider (NSP) staff responded that they agreed that monitoring results accurately reflected their organization's level of performance. 91% reported that they were satisfied or very satisfied with the results of their monitoring review.
- In anticipation of new DCF requirements to review the recovery practices of organizations within the CFBHN network, the CQI team began working with staff of the Consumer and Family Affairs department to map out plans for the initiative. Called Recovery Orientation Monitoring (ROM) reviews, this work with NSPs will begin in FY 21-22. ■



CONSUMER HANDBOOK



Funding provided by:



Administrative Office
719 South US Highway 301
Tampa, FL 33619
813.740.4811
www.cfbhn.org

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Revised August 2021

INTRODUCTION

Central Florida Behavioral Health Network, Inc.'s (CFBHN) mission is to manage a quality behavioral health system of care that brings help and hope to individuals, families and communities. We are pleased to provide this Consumer Handbook for individuals eligible to receive substance use disorder and/or mental health services in the Suncoast Region that includes Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota Counties.

As used in this handbook, the term “**Consumer**” refers to an individual receiving a service or services at a CFBHN Network Service Provider (NSP). Services provided through the CFBHN Recovery-Oriented System of Care (ROSC) is funded by general revenue dollars from the State of Florida and specialized federal funding. These services are **NOT** funded by other payers.

This handbook provides general information only, however CFBHN trusts this manual will provide useful information as you seek services through our network of service provider organizations. Should you need assistance and/or have questions related to substance use and/or mental health services managed by CFBHN that are not answered in this handbook, please call 813.740.4811.

Please feel free to print and keep this handbook for your reference and check back on our website for updates.

BEHAVIORAL HEALTH TREATMENT AND SERVICES

Behavioral health is a term that is used to describe a person's state of being and how their behaviors and choices affect their overall health and wellness. Substance use and/or mental health disorders fall under this definition.

CFBHN supports a culture of wellness and recovery through its' Network Service Providers (NSP), and promotes the use of evidence-based programs and best practices to ensure that quality recovery-oriented behavioral health services are offered to individuals and families who are eligible to receive services through the network. CFBHN also encourages its NSP to implement the Substance Abuse and Mental Health Services Administration's (SAMHSA), 10 guiding principles of recovery in their framework for delivery of services. In addition, services must also be culturally and linguistically competent and are provided regardless of race, religion, color, national origin, age, sex or sexual orientation.

RECOVERY

"Recovery", defined by SAMHSA, *"is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."* Key components in this process are **"Treatment"** and **"Recovery"** plans. Provider staff are encouraged to work with each individual to develop a personal and unique recovery plan that addresses substance use and mental health challenges, as well as health and wellness goals. Furthermore, recovery plans may include educational and occupational goals, participation in support groups, individual therapy, basic health care maintenance, stable housing, development of family and interpersonal relationships, and community connections that are also helpful in achieving overall health and wellness goals.

ACCESS TO CARE

Timeliness of Services

An important component of access is the availability of timely services. Our Network Service Providers are expected to do everything reasonably possible to meet the needs of those requesting services within the timeframe they require. The following are timeliness guidelines established by CFBHN:

- **Emergent/Life-threatening** - An individual who is in imminent danger of harm to self or others, or who requires immediate access to detoxification services, must be directed to the most appropriate care, which may include: an Emergency Room, Crisis Stabilization Unit (CSU), or Detoxification Services (DETOX) for evaluation, and/or treatment if indicated. Care is to be

rendered within six (6) hours.

- **Urgent** - An individual whose clinical situation is serious and is expected to deteriorate quickly if care is not provided (however the situation does not require immediate attention and assessment) and the individual is not a danger to self or others, does not need Detoxification Services, and is able to cooperate in treatment. These individuals are to be seen within forty-eight (48) hours.
- **Routine Care** - Individuals who submit service requests for symptoms that do not meet the criteria for emergent or urgent, and do not substantially restrict an individual's activity, but could lead to significant impairment if left untreated, are to receive services based upon seeking an assessment at a local Substance Abuse/Mental Health provider. For Adults involved with child welfare, the timeframe to receive services is seven days from time of referral.

Mobile Response Team (MRT)

Mobile Response Teams (MRTs) provide crisis intervention services for individuals, children and families. They are available 24 hours a day, seven days a week and are staffed by a team of professionals and paraprofessionals trained in crisis intervention skills. MRTs address a wide variety of situations, including feelings of depression, anxiety, suicidal and homicidal behaviors, individuals experiencing hallucinations or unusual thoughts, and family/peer conflicts. The goals of MRTs are to lessen trauma, divert individuals from emergency departments, juvenile justice or criminal justice settings, and prevent unnecessary psychiatric hospitalizations. MRTs are intended to provide on-demand crisis intervention services in any setting in which a behavioral health crisis occurs, including homes, schools, and emergency departments. In addition to helping resolve the crisis, MRTs work with individuals, children and families to identify resources and develop strategies for effectively dealing with potential future crises. If you or a loved one is faced with a crisis and need assistance, contact an MRT in your area by logging on to CFBHN's website at <https://www.cfbhn.org/mobile-response-teams/> for contact information.

Locating Services

CFBHN contracts with Network Service Providers (NSP) to provide a full array of publicly-funded substance use and mental health services within Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota counties. NSP's can be searched based on location and the services they offer. Contact information such as address, phone number, and website

links (if available) can be located on CFBHN's website: <https://www.cfbhn.org/service-locator/>

Once you are on the website:

- Click on *Locators* at the top of the page and choose *Service Locator* from the drop-down box
- Click on the box for *Adult* or *Child* and choose the service you are looking for by clicking on *Substance Abuse, Mental Health* or *Housing*
- Enter your zip code, radius, and the category you want to search
- Click *Search*, resources for support and services will appear on the map
- Click on the picture to learn more about the service or support

Our providers are available to answer your questions and provide you with the information you need to make an informed choice. Please give them a call and you are one step closer to starting your journey to recovery.

CFBHN is also available at (813) 740-4811 to answer your questions and support you as you make decisions regarding your recovery journey.

RISK OF ABUSE OR NEGLECT

Emergency Abuse or Neglect

If an emergency occurs, where an individual appears to face immediate risk of abuse or neglect and is likely to result in death or serious harm, **CALL 911.**

During a mental health crisis, for the safety of the individual and public, when contacting your local sheriff or police department, you may request the dispatcher to deploy a Crisis Intervention Trained (CIT) officer (where applicable) to assist in this crisis. Crisis Intervention Trained (CIT) officers are trained in mental health de-escalation skills. Remain calm to provide facts and information that may keep you, your loved one and the arriving officer safe in this situation.

Suspected Abuse or Neglect

The Florida **ABUSE HOTLINE** accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect, or exploitation of a vulnerable adult. To make a report you can:

- Report online at <https://reportabuse.dcf.state.fl.us/>
- Call 1-800-962-2873.
- Call Florida Relay 711 or TTY 800-955-8771.
- Fax your report to 800-914-0004.

If you suspect or know of a child or vulnerable adult in **immediate danger, call 911.**

EMERGENCY SERVICES

Crisis Stabilization Unit (CSU)

If it is determined, that an individual is a risk to himself or herself or others, the individual can be admitted to a CSU for an examination. The individual can be admitted either voluntarily or involuntarily under the Florida Mental Health Act, commonly referred to as the Baker Act. Crisis Stabilization Units are available for both adults (CSU) and children (CCSU).

Detoxification Services (DETOX)

Services can be provided in an inpatient setting where medical and clinical procedures allow adults and and/or children to withdraw from addictive substances.

- Adult Detox settings are known as Addictions Receiving Facilities (ARF).
- Children's Detox settings are known as Juvenile Addictions Receiving Facilities (JARF).

PRIORITY POPULATIONS

Eligibility for publicly funded Substance Use and Mental Health Services:

To be eligible to receive substance abuse and mental health services funded by the Department of Children and Families, an individual must be a member of at least one of the following populations approved by the Legislature. Priority populations to be served through this funding are defined in Florida Statute 394.674 and include:

Adult Mental Health Services:

1. Adults who have severe and persistent mental illness, as designated by the Department of Children and Families using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric

condition. Included within this group are:

2. Older adults in crisis.
3. Older adults who are at risk of being placed in a more restrictive environment (such as but not limited to a state mental health treatment facility) because of their mental illness.
4. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.
5. Other persons involved in the criminal justice system.
6. Persons diagnosed as having co-occurring mental illness and substance abuse disorder.
7. Persons who are experiencing an acute mental or emotional crisis as defined in [394.67](#)(17) F.S.

Children's Mental Health Services:

1. Children who are at risk of emotional disturbance as defined in [394.492](#)(4) F.S.
2. Children who have an emotional disturbance as defined in [394.492](#)(5) F.S.
3. Children who have a serious emotional disturbance as defined in [394.492](#)(6) F.S.
4. Children diagnosed as having a co-occurring substance abuse and emotional disturbance or serious emotional disturbance.

Substance Use Treatment Services:

1. Adults who have substance use disorders and a history of intravenous drug use.
2. Persons diagnosed as having co-occurring substance use and mental health disorders.
3. Parents who put children at risk due to a substance use disorder.
4. Persons who have a substance use disorder and have been ordered by the court to receive treatment.
5. Children at risk for initiating drug use.
6. Children under state supervision.
7. Children who have a substance use disorder but who are not under the supervision of a court or in the custody of a state agency.
8. Persons identified as being part of a priority population as a condition for receiving services funded through the Center for Mental Health Services and Substance Abuse Prevention and Treatment Block Grants.

Pregnant Women and Intravenous (IV) Drug Users Who Seek Substance Use Treatment:

Section 1923 of the Public Health Service Act (45 CFR 96.126):

1. IV drug users are to be placed into treatment within fourteen (14) days of their request for treatment.
2. Pregnant women are to be placed in treatment within forty-eight (48) hours of their request for treatment.

PAYMENT SOURCE

Behavioral Health and Substance Use providers that receive funds from the Department of Children and Families (DCF) provide treatment and services based on what you can afford to pay. Every person is responsible to pay for some of the cost of their care, but if you have very little money or no money, services are still provided.

INDIVIDUAL RIGHTS AND RESPONSIBILITIES

Individual Rights

As an Individual in care, your rights are protected by law.

You have the right to:

Be treated with dignity and respect.

Have your privacy protected.

Have information about you, and your medical records, kept private and confidential, in accordance with the law, including the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2.

Let others know if you have concerns about your care, or if you feel your rights have not been respected.

Get treatment in the least restrictive setting possible.

Take part in decisions about your treatment and recovery care and planning.

You have the right to prepare a document (Advanced Directive/Psychiatric Advanced Directive), when competent to do so, that lists the mental health care that you want or don't want, and to name a person that can make decisions for you if you are unable to make those decisions for yourself.

You have the right to learn about, and say 'yes' or 'no,' to:

The services you receive and the treatment team that provides them.

Instances in which your information is shared with someone else.

If you would like to take part or not in a research study.

You have the right to request and be referred to:

- Self-help and peer support services.

- People or places that can advocate for your care.

- A lawyer or legal help.

You have the right to access:

- Your own records.

- The information you need to help make choices about your care.

You have rights while in care:

- Access to a phone to reach out to family, friends and other supports.

- Having your complaints or concerns investigated by CFBHN, or others, to help resolve them.

- Use of a phone at any time for the purpose of reporting abuse to the Florida Abuse Hotline, or to Disability Rights Florida.

- Accommodations for your needs if you have a disability.

- If eligible, the right to register and vote in federal, state and local elections.

- Treatment that is free from abuse, neglect, humiliation, retaliation from others, or financial exploitation.

Individual Choice

You have the right to choose any substance use and/or mental health provider from within the Suncoast counties network service providers (NSP). You also have the right to discuss and request a change of your therapist. First, ask to speak to the therapist's supervisor and advocate to be reassigned to another therapist. Should you need further assistance, you may contact CFBHN's Network Development and Clinical Services (NDCS) department at **813.740.4811** or email to ndcs@cfbhn.org.

The Americans with Disabilities Act (ADA)

The ADA, which became law in 1990, is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state

and local government services, and telecommunications.

If you feel you have been discriminated against by one of our network service providers, please contact CFBHN's Network Development and Clinical Services (NDCS) department at **813.740.4811** or at ndcs@cfbhn.org If you do not receive desired results, contact Disability Rights Florida <https://disabilityrightsflorida.org/>

Deaf and Hard of Hearing

If you are deaf, hard-of-hearing or have limited English proficiency, and are requesting behavioral health services through one of our network service providers (NSP), contact the NSP directly to assist in providing you with appropriate communication resources, including qualified or certified language interpreters for you and/or your companion at no cost.

Your communication options may include, but are not be limited to, the CART (Communication Access Real Time) Translation, Florida Relay Service, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), phone amplifiers, qualified or certified sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts or a combination of these, as appropriate.

Florida Relay is the communications link for people who are Deaf, Hard-of-Hearing, Deaf/Blind, or Speech Impaired. Through the Florida Relay, people who use specialized telephone equipment can communicate with people who use standard telephone equipment.

To call Florida Relay, dial 7-1-1, or use the following toll-free numbers:

- 1-800-955-8771 Text Telephone (TTY).
- 1-800-955-8770 (Voice).
- 1-877-955-8260 Voice Carry Over (VCO-Direct).
- 1-800-955-5334 Speech to Speech (STS).
- 1-877-955-8773 (Spanish).

If you have visual impairment or are blind, it is important that you and agency staff discuss your communication needs and options. Staff will document your needed communication resource(s) and will utilize these resources to provide your services.

Taking Responsibility

It is very important to take an active role in your recovery. Consider the following to help you on your recovery journey:

- Connect with peers in recovery for support. National Alliance on Mental Illness NAMI Florida <https://namiflorida.org/> Floridians for Recovery <https://floridiansforrecovery.org/>.
- Develop a Wellness Recovery Action Plan (WRAP). <https://mentalhealthrecovery.com/wrap-is/>.
- Develop a Psychiatric Advance Directive (PAD) or Mental Health Advanced Directive. [https://www.nami.org/Advocacy/Policy-Priorities/Improve-Care/Psychiatric-Advance-Directives-\(PAD\)](https://www.nami.org/Advocacy/Policy-Priorities/Improve-Care/Psychiatric-Advance-Directives-(PAD)) or <https://www.nrc-pad.org/states/florida/>.
- Share your Psychiatric or Mental Health Directive with your loved one, health care surrogate and treatment facility staff member.
- Let your treatment team know what you need, want, and expect in order to achieve the best results possible in your recovery journey.
- Talk to your provider about your progress, or lack of progress, towards meeting your recovery goals.
- If you are experiencing any medication side effects that are difficult to manage or your health history has changed, immediately let your doctor know.
- If you are dealing with any specific issues, let your treatment or recovery team know.
- Follow the rules of the program in which you are enrolled.
- Respect the confidentiality and privacy of your peers.
- Be on time for appointments and call your provider if you cannot attend or have barriers to getting transportation.
- Update your provider if there are any changes to your address, phone number, email address or payment method.

COMPLAINTS AND GRIEVANCES

If you are not satisfied with the services you receive, CFBHN recommends that you discuss the situation with your therapist, case manager, psychiatrist, and/or the program supervisor/manager at the provider organization, request a copy of your provider's grievance policy, and follow those instructions before contacting CFBHN at 877.355.2377.

QUICK REFERENCE

CARD

Please clip and
keep handy



Central Florida
Behavioral Health
Network, Inc.
Your Managing Entity

Administrative Office
813.740.4811
www.cfbhn.org

Complaints & Grievances: 877.355.2377
Network Development & Clinical Services: ndcs@cfbhn.org

Abuse Hotline: 1.800.96.ABUSE (22873)
TDD (Hearing Impaired) 1.800.453.5145

For A Life Threatening Emergency Call 911

For a list of all contracted providers in the Suncoast and Circuit 10 go to
<https://www.cfbhn.org/service-locator/>



Central Florida

Behavioral Health Network, Inc.

Your Managing Entity

2021 – 2022 Annual Report

CFBHN is a Managing Entity contracting with the Department of Children and Families. A not for profit 501 (c) (3) corporation and a CARF International Accredited Network*, CFBHN contracts with community service organizations to provide a full array of publically funded mental health and substance abuse services in the SunCoast Region that includes the following counties: Charlotte, Collier, Desoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota. Range of services includes: acute care, residential treatment, housing, medical, outpatient, recovery support, and prevention.

CFBHN's transformational influence empowers local communities to develop, advocate for, and implement innovative solutions to social, economic, health, and wellness problems individuals may encounter that adversely impact lives. Mission is accomplished through seeking, developing, and nurturing partnerships with outstanding providers who offer high quality compassionate services. CFBHN continually meets the changing needs of the public safety net and manages all facets of the service delivery system providing oversight, education and training, implementation of treatment best practices, coordination with community partners and stakeholders as well as leading and encouraging inspirational advocacy support.

* CARF International is the Commission on Accreditation of Rehabilitation Facilities

Collaborating for Excellence

Stronger Together

We are pleased to present our 2019-2020 Annual Report to the community.



Linda McKinnon, President & CEO

It is with great pride that I write my final letter for our annual report. I will be retiring in June of 2023 and leaving CFBHN in the capable hands of our Board, staff, providers and stakeholders.

Thinking back on the accomplishments achieved together, I am proud of my part in our success. CFBHN began because of the vision of our founders. Our Board Chair, Nancy Hamilton, was one of them. They understood the need to improve the coordination of services across the system of care and the value of partnerships that would be required to accomplish this goal.

The founders educated and managed to convince their fellow CEO's - all independent providers - to join and support the development of CFBHN. When they obtained enough revenue to support a small staff they hired me. At the time we managed \$4 million in service dollars at a 14% administrative/operational cost. Today CFBHN administers over \$240 million in service dollars at less than a 3% administrative/operational cost through over 70 providers across 14 Counties serving over 100,000 people annually.

These stats are impressive, but it is the clinical and system development that remains the heart of what we do. During my tenure I have participated in the development of services required for a recovery oriented system of care. We now have a whole peer workforce and a service array required to successfully support people living with mental illnesses and substance misuse disorders in the community. We now have Recovery through Work, School-based, Supportive Housing, Assertive Community Treatment, Specialty Teams for children and adults, Mobile Crises Teams, Recovery Community Organizations, First Episode Psychosis, and Hospital Bridge programs to name just a few.

CFBHN could not have accomplished any of these initiatives without the support of the Department of Children and Families, advice of our community stakeholders, commitment of the provider network, our dedicated staff and Board of Directors.

Thank you for giving me this opportunity and your support throughout the journey. I am honored to have served as your CEO.

I welcome your comments and can be reached at lmckinnon@cfbhn.org

Vision

Envisioning communities where accessible behavioral healthcare enhances the lives of all

Mission

Central Florida Behavioral Health Network: Managing a quality behavioral health system of care that brings help and hope to individuals, families and communities

Values

Accountability

Advocacy

Collaboration

Innovation

Transparency



719 South US Highway 301, Tampa, FL 33619 • phone: 813-740-4811 fax: 813-740-4821 • www.cfbhn.org

“Central Florida Behavioral Health Network provides the right service, at the right time, in the right amount in order to save lives and ensure healthy communities.”



Nancy Hamilton
Board Chair

Every year the Chair of the Board of Central Florida Behavioral Network pens a statement for the annual report. For over two decades the annual report publishes the accomplishments of the year and recommits to serve individuals and families in our care. The Board, CEO and staff works diligently to preserve services, obtain new funding and improve outcomes for those with substance use and mental health disorders. This year brought disturbing increases in both substance abuse, addiction and mental health disorders to our communities. CFBHN and the providers were not deterred from the mission – working along with community members - efforts were increased. This annual report will illustrate those achievements.

This is my 22nd year on the Board of Directors. I have witnessed years of struggle to maintain sufficient funding despite barriers. The Network and providers faced years of stagnant rates, funding cuts and increased demands – yet never wavered because we exist to make our communities healthier and safer.

Vast numbers of individuals and families in the Network's 14 counties got the help they needed and their lives improved. To all those families we wish the very best life has to offer. Unfortunately, there were some individuals who lost their struggle with mental illness and substance abuse. For all of those families and individuals our hearts break for their loss and pain – mental illness and substance use disorders occur in every community, in every socio-economic group, and in every ethnic and racial group. For that reason alone, we must be dedicated to insuring services are accessible, evidence based and compassionate. Finally, a note of appreciation. Our CEO, Linda McKinnon, was the first CFBHN CEO. Linda has spent over two decades working to expand funding and improve the care of those we serve. It was never easy. Her skills, intelligence and understanding of the system increased the annual amount of funding from about \$10 million in the Network's beginning to over \$240 million today. Linda deserves recognition for her work and best wishes for her well-deserved retirement. The Network will continue on its path of delivering quality services knowing our foundation is solid. Thank you Linda McKinnon – job well done!

Board of Directors

The governing board is inclusive of consumers, family members, community stakeholders and partners. Regional Council representatives serve geographical circuits and represent local concerns. All board members serve without compensation.

Officers

Nancy Hamilton, Board Chair, Quality Improvement Committee Chair
Retired

Ayesha Johnson, PhD, Vice-Chair
University of South Florida

The Honorable Craig Latimer, Treasurer
Hillsborough County Supervisor of Elections

Ray Gadd, Secretary/Governance Chair
Pasco County School District

Brena Slater, Member/Community Based Care (CBC)
Sarasota YMCA/Safe Children Coalition

Community Directors

JBennie Allred, Regional Council Representative for Circuit 10 Polk, Highlands, Hardee
Retired

Victor E. Avila, Member
Community Development Manager/Vice President Regions Bank

Guy Blanchette, IT Committee Chair Reporting Committee/Non-voting member
CEO Drug Free Collier

Dr. Joe Bohn, Regional Council Representative Circuit 6 Pinellas
Assistant Professor, Director Community Engagement, Deputy Director, DrPH Program

Terri Cassidy, Regional Council Representative for Circuit 12/Community Private Receiving Facility Representative
Bayside Behavioral Health Services, Sarasota Memorial

Josh Dillinger, Community/Business Representative
GCD Insurance Consultants

Ray Fischer, Community/Community Based Care (CBC)
Children's Network of SWFL, LLC

Dr. Jerome Jordan, Community/Elected Official
Pasco County Clerk & Comptroller, Civil Courts Director

Master Deputy Stephanie Krager, Homeless Initiative Team Coordinator/Crisis Intervention Team Coordinator
Hillsborough County Sheriff's Office

Captain Toni Roach, Regional Council Representative for Circuit 6 Pasco
Pasco Sheriff's Office Captain, Behavioral Health Intervention Team

Captain Samuel Rojka, Regional Council Representative Circuit 13 Hillsborough
City of Tampa Police Department

Nathan L. Scott III, Community/Child Welfare Advocate
Florida Department of Health

Jeannie Sutton, Regional Council Representative Circuit 20
Lee County Human and Veteran Services

Pastor Douglas Walker, Member
Hillsborough County Ecumenical Health Collaborative

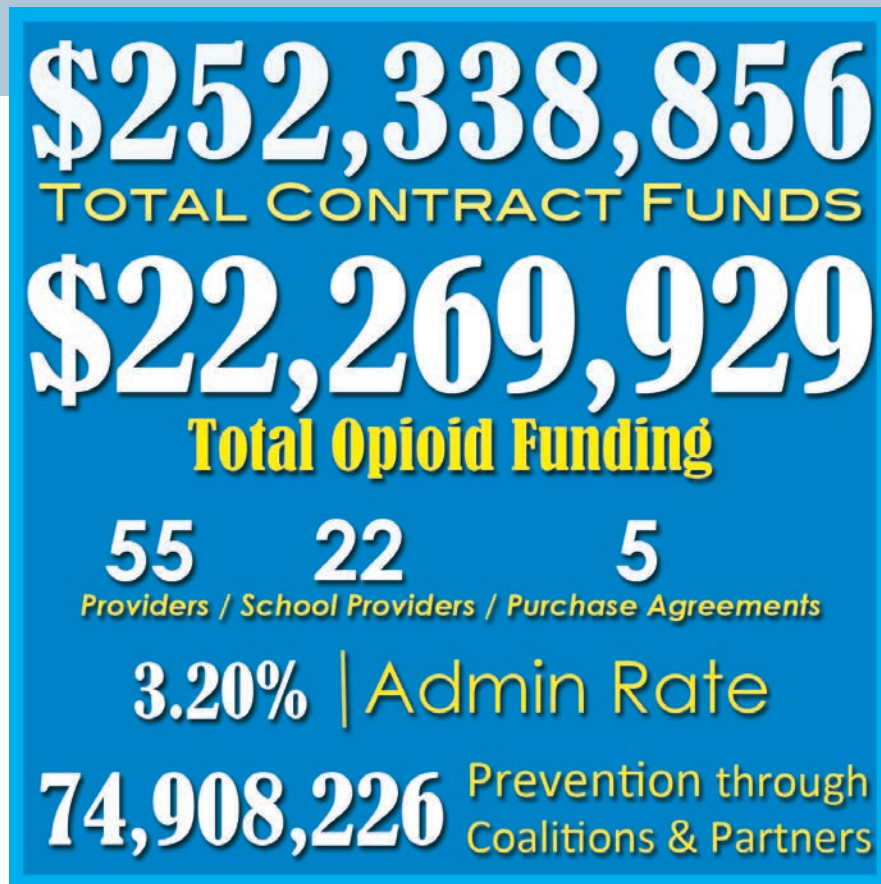


What is This?

A QR code. Download and install a QR code reader on your smart device. Then simply take a picture to get more information about CFBHN.

Community Focus...

Individual Results



Current Snapshot

July 1, 2021, continued managing the safety net system of care for substance abuse and mental health services funded through the Florida Department of Children & Families. Community voices were heard and supported via Coalitions, Consortiums, and Regional Councils in all **fourteen** counties. CFBHN managed **\$252,338,856** service dollars and **\$22,269,929.90** in opioid funding contracted through community organizations serving persons with a full array of services including acute care, residential treatment, housing, medical, outpatient, and recovery support services. CFBHN also reached individuals through prevention messaging and services via community Coalition and Prevention partners. Contracted funds were efficiently and effectively managed at a **3.20%** administrative rate – a **good value** for Florida taxpayers.



Triannual Needs Assessment

This comprehensive process was conducted in coordination with all Florida Managing Entities. A report of the results was prepared and accepted by the Department of Children and Families. CFBHN has prepared an overview PowerPoint presentation that presents the results for our network in a usable format for public awareness and education and this is available on our website.

CFBHN Changes Composition of Board Directors

In light of legislative changes and statewide discussions, the Executive Committee voted that effective as of the December 17, 2021 meeting, the board slate would no longer reflect any contracted network providers as board members. The committee recognized the importance and value of the provider voice, however providers would no longer serve as board members with the ability to make decisions. The Board did make a decision to ensure representation of the provider voice would still be heard. Each Regional Council (RC) would choose a non-provider member of their RC to be a board member. If a RC did not currently have a non-provider member, they were asked to meet over the next few months to find someone in the community that could represent their voice as a board member. RC chairs could still report to the Board of Directors and providers would always be welcome to attend board meetings but would be unable to vote. Providers could also serve on committees to stay involved in support of the network. All providers were very supportive, understanding and appreciative that they would still be able to stay involved through committee participation and appointing others to fill their role to be sure all circuits were represented



Alan Davidson Assumes Position of Chief Operating Officer

Alan Davidson joined CFBHN in 2013 as a member of the UM team, later serving as Senior Program Manager and Chief Clinical

Officer for Network Development and Clinical Services. He became CFBHN's Chief Operating Officer in March 2022. He is a Licensed Mental Health Counselor with over 25 years of clinical experience across a variety of settings including outpatient specialty clinics, crisis intervention, structured outpatient programs, inpatient psychiatric, large nonprofits, and private practice. Born and raised in Polk County, Florida, he moved to North Carolina to work on his graduate degree. In 2008, work took him to Ghana for a year during the time of President Obama's visit.

He has provided clinical and administrative supervision to counseling students, interns and professionals and is invested in emphasizing a more integrative, dynamic, and holistic approach to behavioral health. When he is not creating strategies for growth and improvement within the behavioral health system of care, he enjoys traveling, hanging out with his dogs, cycling, and boating.



Tampa Bay Lightning

Lightning Hero Award and Pharma Awards

The Lightning Organization gives \$50,000 to Community Heroes at every home game each season. Heroes can then donate to their favorite charity or cause. CFBHN, along with several other local non-profits, shared the award and received \$15,000. CFBHN also received \$10,000 from Pharma. Combined, these awards will be used to produce video communication messaging on valuable services available through CFBHN.

Communication Continues on Important Issues plus New Resource Added

CFBHN supported four public awareness campaigns this year; "Talk, They Hear You" (underage alcohol use), "Use Only as Directed" (opioid misuse), #BeThe1To (Suicide Prevention Mental Health and Suicide Prevention Substance Use).

The youth alcohol campaign was adapted from the SAMHSA "Talk. They Hear You" national campaign and focused



on encouraging parents and caregivers to have frequent conversations with their children regarding their stand regarding underage alcohol use (identified as the number one issue in all our communities recognizing parents and caregivers are the key deciding factor in preventing underage drinking). Support was provided on the CFBHN website and via social media. This annual campaign generated **151,930,288** impressions.

The approved Opioid awareness and proper use campaign was “Use Only as Directed”. It supported the safe and effective use of opioids for pain reduction and emphasized talking with your doctor or dentist about alternative pain methods as well as safe disposal of any prescription pain medications. This campaign generated **121,681,918** impressions

#BeThe1To is a national campaign that provides five steps a person can take to help someone who may be considering suicide. The campaign was focused in two areas – those impacted by mental health issues and those impacted by substance use issues. This campaign also introduced the new **#988 24/7** Crisis and Suicide Lifeline. This campaign generated **244,211,771** impressions.

CFBHN also added a Suicide Prevention webinar to its library of now six GoToWebinars that provide training for Certified Peer Recovery Specialists to achieve and renew certification. The training is approved for continuing education units (CEU's) that are recognized by the Florida Certification Board – the governing body. They are accessible from the CFBHN website and there is no charge for the training.

DEI Efforts at CFBHN



A professional Diversity Team Consultant was engaged to guide CFBHN in implementing best practices through trainings, guidance and recommendations in spring of 2022. This was funded through a grant from the Pinellas Community Foundation.

Communications supported this initiative with an internal staff newsletter.

Community Collaborations and Innovative Partnerships



Housing

Affordable housing remains a top priority throughout the region. CFBHN collaborated with community partners and private developer, Blue Sky Communities, to establish new low-income and safe, affordable housing for individuals experiencing substance use disorder and/or mental health disabilities. The Florida Housing Finance Corporation (FHFC) funds the projects and currently 175 units are available from these efforts.

Marjory Douglas Stoneman School Safety Programs

Following the tragedy, then Florida Governor issued Executive Order 18-81 which directed ME's to improve communication, collaboration and coordination of services. Pasco and Hillsborough County School Boards collaborated



with CFBHN to use the additional funds they received to help meet student needs and these have continued into this fiscal year, growing and expanding.

The Principles of the Wraparound Model and the use of the School Safety Behavioral Health Intervention Funnel (Multi-Tier System model approach) determines the appropriate level of services. Acting as care coordinators, CFBHN links students referred from school districts to a robust network of community providers. Project Managers

provide ongoing clinical oversight by staffing or consultation to address the need of high-risk students. If a student does not have insurance or is in need of services their insurance does not cover, CFBHN oversees a voucher system with funding from the school district to assist with eliminating barriers to services for all referred students.



Recovery-Oriented System of Care (ROSC) Transformation

Consumer & Family Affairs (CFA) is responsible for promoting and encouraging a recovery-oriented system of care to assert and establish an integrated, values based recovery-oriented system of care approach where recovery is expected and achieved through meaningful partnerships and shared decision making with individuals, communities and systems.

This year CFA completed Recovery-Oriented Monitoring (ROM) Site Visit Reviews and submitted reports on

eleven subcontractors who deliver Medication-Assisted Treatment. This monitoring's are considered baseline for measuring progress toward implementation and integration of recovery-oriented principles and best practices within each Network Service Provider (NSP). Later in the year, a total of twenty-eight NSPs deployed Self-Assessment Planning Tool (SAPT) and Recovery Self-Assessment (RSA) to their staff and service recipients.

CFBHN continues to collect data and report outcomes to continue recovery management oversight, action planning and technical assistance toward transformation

Thank You for Reviewing Our Annual Report and Staying In Touch

The CFBHN website continues to be the hub for all things communication related. Recently, CFBHN added a quick reference documents page that includes policies, procedures and plans that impact operations and community activities.

You can contact CFBHN via our website and subscribe to our Newsletter and as always please connect to us via social media. Your thoughts, suggestions and ideas are very valuable and always welcome.

Thank you for reviewing our 2021-2022 Annual Report.





Bridging Gaps with Management Solutions

Education and Advocacy

- Four communication awareness campaigns were implemented this period:
 - ✓ “Talk, They Hear You” combatted underage alcohol use
 - ✓ Opioid “Use as Directed” combatted opioid addiction
 - ✓ Two Suicide Prevention #BeThe1To campaigns offered five tips for helping someone who is contemplating suicide focusing on both a mental health and substance use perspective and introduced the new national 988# suicide and crisis 24/7 lifeline
- “Talk. They Hear You” youth alcohol and substance use campaign benefitted from IHeart radio personalities Queen B and Ronnie “Night Train” Lane support with monthly interview segments posted to social media
- Supported RX Drop Box Take Back Days
- CFBHN featured on variety of talk/news/interview shows throughout the network
- Presented at all legislative delegations with leadership meeting with all newly elected officials and staff as well as presenting to committees in Tallahassee
- Doris Griggs Nardelli, Director of Communications, presented workshops and poster presentations at national and state professional conferences including: The National Council for Behavioral Health, the Florida Behavioral Health Conference,

and the National Social Workers Conference

- Staff continued board service nationally, statewide and locally
- Produced Suicide Prevention webinar suitable for Peer Recovery Specialist training renewal and certification requirements. There is no charge for the six interactive webinars accessible from the CFBHN website and CEU’s are issued upon completion of the training modules
- Produced 2020-2021 electronic and printed Annual Report

Consumer & Family Affairs (CFA)

- CFBHN continues to implement High Fidelity Wraparound (HFW). Four Network Service Providers (NSPs); Success 4 Kids and Families Inc., Directions For Living, Carlton Manor and Chrysalis Health are contracting with Sunshine Health to provide HFW. Four additional NSPs and five other agencies across the SunCoast Region are capable of providing HFW and billing Medicaid. Currently, 38 individuals are certified as both a Wraparound facilitator and coach, 36 individuals are certified as facilitators and seven trainers deliver HFW in the SunCoast.
- CFA staff provided DCF’s required “Reaching for Their Dreams - Using Recovery Capital as the Foundation” training to 44 SunCoast region NSP Peer staff. The skills learned in this training assist service recipients in developing recovery goals that align with their individualized recovery capital assets.

Financial Management & Human Resources

Human Resources

- Continued remote telecommuting for all staff as the COVID 19 pandemic continues with carefully monitored weekly in-office staff times for departments and teams

Financial Management

- New non-recurring block grant funding \$25,033,920
- New recurring funding \$18,212,725
- #988 funding \$2,368,052
- Added two new Forensic Multidisciplinary Teams
- Added three and a half new CAT teams
- Expanded eleven and added four Mobile Response Teams
- Expanded four and added one Family Intensive Treatment (FIT) team
- Received funding for three new evidenced-based practice teams
- Received funding for four new other multidisciplinary teams
- Implemented 20 proviso projects

Information Management

- Implemented FASAMS V14. Worked with DCF on system layout/conversion of data system to V14
- Enhanced remote workforce capabilities - Microsoft 365 expansion/enhanced remote capability and connectivity
- Enhanced reporting for County, Sheriffs, Schools, DCF, etc.
- Contracted with Carisk to manage CFBHN's data submission to FASAMS
- SharePoint upgrade

Network Development & Clinical Services

Behavioral Health Integration (BHI)/Child Welfare

Family Intensive Treatment (FIT)

- FIT teams enrolled 529 parents with substance use disorders and child welfare involvement – exceeding target by 53 individuals
- In FY21/22, 138 caregivers successfully completed. At discharge,
 - o 99% had stable housing
 - o 83% were employed
 - o 96% improved functioning, based on DLA-20 pre/post scores
 - o 92% improved caregiver protective capacities

Family Intervention Specialists (FIS)

- FIS responded to 3,168 referrals from child protective

investigators(CPI's),childwelfarecasemanagers(CWCM's),and dependency courts in FY21/22. They provided case management and resources removing barriers to treatment resulting in 42% engagement of clients recommended for voluntary treatment.

Behavioral Health Consultants (BHC's)

- As subject matter experts (SME's), CFBHN-funded BHC's provided 3,376 services to CPI's including consultations, brief assessments, joint visits, record reviews, and service recommendations for caregivers experiencing possible substance use and co-occurring disorders

Technical Assistance and Workgroups

- CFBHN facilitates regional monthly FIS, FIT, and BHC meetings discussing trends, barriers, promising practices, and strategies
- The BHI team organized a virtual mini-conference June 13 including participation from FIT, FIS, BHC's, and integration partners. Attendees participated in breakout sessions and whole-group discussions to increase collaboration and share best practices across programs, agencies, and circuits.
- The BHI Program Manager initiated BHI Workgroups that met quarterly in each circuit, resulting in formalized Working Agreements and improved communications and referrals processes between systems. Membership included Community Based Care (CBC) lead agencies, NSP's, DCF, Sheriff's Offices, and child welfare stakeholders.

Children's Mental Health

- Provided education, technical assistance and guidance to community stakeholders, families and system partners facilitating five circuit trainings focusing on "Wraparound and Diversion Levels of Care". Team is actively working with the Managed Medicaid Assistance (MMA) Plans to identify strategies for community providers to use wraparound in-lieu of codes.
- Provided additional training and technical assistance to community providers on the Youth at Risk (YAR) Staffing Model to identify and link community resources to high risk youth. Now actively used in 2 of the 5 network circuits with the Team providing technical assistance for the remaining 3 circuits to adopt model. Held 266 YAR Staffing calls which diverted 200 high risk youth from entering child welfare.
- Participated in 506 interagency calls this fiscal year including Critical Case, Child Specific Team, and YAR staffings. Out of the 506 interagency calls, there were 294 critical case staffing calls resulting in 287 youth being diverted from child welfare and deeper end systems of care during the call.
- CFBHN CMH team continued weekly Children Specific Staffing Team (CSST) meetings providing: additional support, education, and communication between referral agents and community stakeholders, while focusing on residential

referrals to the Statewide Inpatient Psychiatric Programs (SIPP) and Therapeutic Group Homes. Several MMA Plans reported positive feedback on CFBHN use of these weekly CSST's this fiscal year.

Child Welfare

- CFBHN continued partnering with DCF to ensure alignment between ME and DCF funded Behavioral Health Consultants. CFBHN Behavioral Health Integration Program Manager provided technical support to DCF and other ME representatives for the BHC position and provided data related to the position.
- CFBHN continued to actively collaborate with other MEs, DCF and other pertinent stakeholders for behavioral health integration. CFBHN actively participated in monthly FIT (Family Intensive Treatment) calls with DCF, SAMH and other MEs, holding monthly regional calls with all CFBHN FIT teams. In addition, CFBHN partnered with DCF and other FIT stakeholders on various workgroups to complete a FIT manual and a fidelity tool in order to establish best practices for FIT providers
- CFBHN Behavioral Health Integration Program Manager assisted two providers to expand FIT services. Charlotte Behavioral and Cove were awarded additional funds through the CARES Act to expand their services.

FACT Teams and State Mental Health Treatment Facilities (SMHTF–Hospital)

- AMH Staff processed 124 referrals for SMHTF admission from 34 receiving facilities across the CFBHN network resulting in 43 admissions to the civil SMHTF and 82 diversions from admission to the SMHTF
- Staff facilitated over 120 discharge planning from 3 civil SMHTF cases in FY21/22
- The FACT Program admitted 102 individuals in FY21/22 with 14% of admissions consisting of clients diverted from SMHTF admission and 15% of admissions being direct discharges from the SMHTF
- FACT discharged 108 individuals in FY 21/22
- Year-end census for FACT was 1377/1400 slots filled
- Since July 2012 and June 2022, FACT has admitted 1506 individuals and discharged 1426

Forensic

- To satisfy Incorporated Document 21 requirements for the Coordination of Housing and Supportive Services for SAMH clientele, CFBHN facilitates public/private partnerships for affordable housing in the network. Affordable housing continues to be a top priority in the region. Fair Market Rent continues to rise across the state as housing values increase and stock decreases. In the network Fair Market Rent exceeds the SSI maximum payment amount.
- As a result of collaborative partnerships 175 units became available in FY21/22
- CFBHN continues to seek data-sharing projects with Homeless Coalitions. This effort addresses clients that access both systems of care and coordinates services to serve the individual and the system better. Care coordination between multiple systems can improve outcomes of individuals experiencing substance use disorder, mental health, and co-occurring disorders that are homeless or at risk of homelessness.
- CFBHN works with coordinated entry to refine the priority list for housing in nine houseless continuums across the region. Supportive housing specialists working with Continuum of Care staff, use the Homeless Management Information System (HMIS) to review client records common to both systems and prioritize housing for individuals with behavioral health. CFBHN funds five PATH teams across the network who work directly with those experiencing homeless, mental health and co-occurring disorders. Working directly with Homeless Coalitions, PATH enters individuals into HMIS prioritizing and connecting them to housing.
- PATH teams and NSPs with Adult Case Management must use SOAR (SSDI/SSI, Outreach, Access, and Recovery). SOAR is a SAMHSA-endorsed process for submitting initial SSDI/SSI applications for those at-risk or experiencing homeless and have a medical impairment, mental health, substance use, or co-occurring disorders. NSPs are required to complete four SSDI/SSI applications per quarter using the SOAR process and maintain a 65 percent approval rate. CFBHN understands housing options are extremely limited when an individual has no income so obtaining Social Security benefits individuals are entitled to increases housing opportunities. Opportunities included independent housing, shared housing, Assisted Living Facilities, Group Homes, and many more. During

FY21/22, SOAR providers in our region 189 submitted applications. There were 83 approvals, 69 denials (55% approval rating), and pending. The average days to decision was 190.

Prevention

- Collaboratively worked alongside substance abuse prevention NSPs and drug free coalitions to deliver top-notch quality community based processes, environmental strategies and information dissemination regarding maintaining health and wellness
- Successfully implemented substance abuse prevention programs and practices and provided technical assistance and support to Prevention Coalitions and Partners throughout the network
- Maintained quarterly workgroups to promote prevention principles in service delivery

Healthy Transitions

- Success For Kids and Families in Hillsborough County served over 70 youth and young adults in their Healthy Transitions program in FY 21/22 providing case management, education/vocational services, wellness groups and peer support services. In addition, Success For Kids and Families participated in 340 outreach activities this fiscal year reporting period to engage youth and young adults in healthy transitions activities.

School Projects: Hillsborough and Pasco County Schools

- Pasco and Hillsborough County School Boards collaborated with CFBHN to use their additional funds to meet student needs eliminating gaps and improving behavioral health services through collaboration with stakeholders and provider organizations while working to expand the mental health network of both counties.
- The Pasco Program:
 - o Uses the YAR Staffing model with community providers and school-based staff to identify tier 3 students before they penetrate deeper into the system of care
 - o Collaborated with Gulf Coast Jewish Family and Community Services to implement a program that provides more intensive services offered on the school site and at

home to reduce barriers to access to service serving a total of 39 children and families.

- The Hillsborough Program
 - o Had more high-need schools requesting additional behavioral health services on the school campuses - increasing from 73 to 94 schools during this fiscal year.
 - o A new position was created and staffed to assist with communication barriers that delay services and to track and report specific service-related data.

State Opioid Response

- The SOR (State Opioid Response) program supplements and develops enhanced MAT (Medication Assisted Treatment) services throughout the network. A critically important result of the SOR program is the development of hospital bridge partnerships. This program has created an innovative medical/clinical pathway to provide MAT services for individuals entering hospital emergency rooms.
- The current hospital bridge programs:
 - ✓ ACTS – Tampa General & St. Joseph's Hospital
 - ✓ BayCare Behavioral – Morton Plant North Bay
 - ✓ David Lawrence Center – NCH Healthcare & Physicians Regional
 - ✓ DACCO – Tampa General
 - ✓ Operation PAR – St. Anthony's
 - ✓ Tri-County Human Services – Bartow/Winter Haven Regional, Lakeland Regional, Lake Wales/Davenport

Each of the hospital bridge partnerships provides a pathway for much needed MAT services and gives hospital emergency rooms a process for referring individuals for appropriate services. This program has provided MAT inductions in hospital emergency departments to individuals in need of services and the Hospital Bridge recovery peer specialists have referred 1,500+ individuals to treatment providers to link for ongoing services.

CFBHN has dedicated SOR prevention funds toward evidence-based programs and practices devoted to reaching universal populations with targeted opioid media campaigns throughout the SunCoast Region as well as targeted educational programs towards youth and adults both in traditional school

settings and community outlets.

Utilization Management/ Care Coordination

- In accordance with Pamphlet 155-2 v14, CFBHN uses the regional waitlist as a tool to ensure access for individuals waiting to receive recommended substance abuse or mental health services regardless of priority population status. The Team makes sure individuals who meet priority population criteria are given primary access to recommended services in accordance with 45 CFR § 96.131(a). They continuously monitor the regional waitlist to identify concerns while promoting collaboration that targets barriers hindering access to care.
- Wait times remained minimal for persons seeking substance abuse residential services. The Team and providers work together to expedite the referral and placement process using a shared referral form across the region.
- Updates to Guidance Document 4 were implemented in collaboration with NSPs during monthly Care Coordination meetings along with frequent individual support provided by team managers. These strategies were used throughout the region and customized to circuit specific needs with the goal of enhancing individual outcomes.
- In February 2022, the CFBHN UM partnered with five provider agencies to build the region's first Children's Care Coordination (CCC) program serving children of various populations as set forth by Guidance Document 4. NSP

coordinators engage with families to help navigate the mental health system and ancillary services to improve outcomes for children served using Transitional Vouchers to help meet basic needs on an as-needed basis.

- Adult Care Coordination providers continue to use the SAMH Transitional Vouchers to provide temporary assistance with basic needs. This support remains integral in helping individuals served secure and remain in safe housing while achieving stability in the community.
- Care Coordination served 558 individuals in FY21/22. Readmission rates ranged from 1 to 4% monthly with an average of 3% for the year. Efforts to engage persons in aftercare following discharge from acute care services resulted in first contact between 1.76 to 6.41 days with an average of 2.98 days to first treatment contact.

Continuous Quality Improvement

- In July of 2022, CFBHN was surveyed by the Commission on Accreditation of Rehabilitation Facilities (CARF) and was re-accredited as a Network for a 3-year term
- In FY21/22, CQI staff members completed compliance reviews on 46 Network Service Providers (NSPs)
- Of surveyed NSP staff:
 - o 99% stated that CQI staff members responded to their questions and requests in a timely manner throughout the monitoring process
 - o 96% responded that they agreed that monitoring results accurately reflected their organization's level of performance



CFBHN, Inc.

Font and Logo Color Guide



LOGO Yellow:

PANTONE 116 C or CMYK 0/12/100/0

LOGO Blue:

PANTONE 280 U or CMYK 100/72/0/18

SHOOTING STAR SHADOW:

7% of image using LOGO BLUE

FONT Gray:

CMYK 0/0/20/50

FONTS:

Subhead Eras Medium ITC Gray
with .5 yellow rule below in CMYK 0/12/100/0

Justified Paragraph Arial Narrow Gray

Business Card Name Arial Narrow Bold Italic Blue